





4141 Douglas Drive North • Crystal, Minnesota 55422-1696

Tel: (763) 531-1000 • Fax: (763) 531-1188 • [www.crystalmn.gov](http://www.crystalmn.gov)

## APPLICATION FOR BUSINESS LICENSE

If the applicant is an individual, this application must be completed by such person, if a corporation, by an officer; if a partnership, by one of the general partners; if an unincorporated association, by the manager or managing officer.

<b>SECTION 1 – APPLICANT INFORMATION</b>	
Name of applicant (name of individual, partnership, corporation or association):	
Applicant address (city, state and zip):	
Applicant cell phone:	Applicant email address:

Business name:	
Doing Business As (DBA) (also known as an Assumed Name):	
Business address (city, state and zip):	
Business phone:	Business email address:
Business website:	
Do you own the business premises (for business within the city of Crystal)? <input type="checkbox"/> Yes or <input type="checkbox"/> No or <input type="checkbox"/> N/A If no, attach a complete copy of the executed lease. Is the business premises either planned to be or under construction or undergoing substantial alteration? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, attach a set of preliminary plans showing the design of the proposed premise to be licensed if you have not already.	

Are you registered to do business in Minnesota? <input type="checkbox"/> Yes or <input type="checkbox"/> No
Have you filed a "Certificate of Assumed Name" with the Office of the Minnesota Secretary of State? <input type="checkbox"/> Yes or <input type="checkbox"/> No
Check one: <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Minnesota corporation; date of incorporation: _____ <input type="checkbox"/> Out-of-state corporation; state of incorporation: _____ <input type="checkbox"/> If a subsidiary of any other corporation, please describe fully the relationship of the corporation to any other corporation including the name, business address, state of incorporation, and names of stockholders, directors and officers (attach additional pages as necessary): _____ _____
<input type="checkbox"/> Other, please describe: _____

Minnesota Tax ID Number (if sole proprietor, provide Social Security Number):	Federal Tax ID Number:
If a Minnesota Tax ID number is not provided (other than sole proprietor), please explain:	

**PREVIOUS BUSINESSES/EMPLOYMENT (Required for Sole Proprietors only)**

List every business or occupation in which you have been engaged during the preceding five years, as well as the names and addresses of your employers and partners, if any. *Attach additional pages as necessary.*

COMPANY NAME	TYPE OF BUSINESS	ADDRESS	DATES OF EMPLOYMENT	PARTNERS (if any)

**SECTION 2– LICENSE INFORMATION**

<p>Do you hold a business license from any other governmental unit?  <input type="checkbox"/> Yes or <input type="checkbox"/> No</p> <p>If yes, please provide details, including the type of license(s) and from which governmental unit:          _____          _____          _____</p> <p>Have you made application for a business license from any other governmental unit which was denied, revoked or suspended?  <input type="checkbox"/> Yes or <input type="checkbox"/> No</p> <p>If yes, please explain the details including date, location, reason and any other applicable information:          _____          _____</p> <p>Renewal license information should be sent to the following address:  <input type="checkbox"/> Applicant address <input type="checkbox"/> Business address  <input type="checkbox"/> Other (Indicate name, title, address below)          _____          _____</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">Check License Type Applying For</th> </tr> </thead> <tbody> <tr><td> </td><td>Consumer Fireworks</td></tr> <tr><td> </td><td>Tobacco</td></tr> <tr><td> </td><td>Peddler/Solicitor/Transient Merchant</td></tr> <tr><td> </td><td>Tree Trimming</td></tr> <tr><td> </td><td>Secondhand Goods Dealer</td></tr> <tr><td> </td><td>Pawnbroker</td></tr> <tr><td> </td><td>Adult Establishments</td></tr> <tr><td> </td><td>Therapeutic Massage (Enterprise and/or Therapist)</td></tr> <tr><td> </td><td>Animal Kennel</td></tr> <tr><td> </td><td>Refuse Hauler</td></tr> </tbody> </table>	Check License Type Applying For			Consumer Fireworks		Tobacco		Peddler/Solicitor/Transient Merchant		Tree Trimming		Secondhand Goods Dealer		Pawnbroker		Adult Establishments		Therapeutic Massage (Enterprise and/or Therapist)		Animal Kennel		Refuse Hauler
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**SECTION 3 – BUSINESS INFORMATION - PARTNERS OR CORPORATE OFFICERS****PARTNERSHIPS**

If the applicant is a partnership, please provide:

- a copy of the partnership agreement.
- names and addresses of all general and limited partners and each partner is required to submit a Background Investigation Consent Release Form.
- names of the managing partners and the percent of interest of each partner in the licensed business.
- a copy of federal and state tax returns for the partnership for the two years prior to this application.

**CORPORATIONS**

If the applicant is a corporation, please provide:

- a copy of the Certificate of Incorporation, Articles of Incorporation or Association Agreement, and By-laws.
- Name of the managers or other persons in charge of the business (in Section 4) and each manager, proprietor, or agent is required to submit a Background Investigation Consent Release Form.

If the applicant is a corporation, and applying for a license to be owned and operated by it:

Is the corporation's stock publicly traded on a stock exchange?  Yes or  No

- Complete the below ownership information for all persons who control or own an interest in the corporation in excess of 5%. Additionally, attach a list of owners, officers and/or general and limited partners and their respective percentages totaling 100%.
- Corporations that are publicly traded on a stock exchange do not require owners or officers to submit a Background Investigation Consent Release Form.

**OWNERSHIP**

Name and Title:		Percent stock or partnership interest: _____%
Residence Address (city, state and zip):		
Cell Phone:	Email Address:	
Business Phone:	Business Email Address:	

Name and Title:		Percent stock or partnership interest: _____%
Residence Address (city, state and zip):		
Cell Phone:	Email Address:	
Business Phone:	Business Email Address:	

**SECTION 4- PERSON(S) IN CHARGE OF THE LICENSED BUSINESS**

Manager is defined as the person responsible for overseeing the daily operations of the business.

Are you the manager of this business?  Yes or  No

If no:

1. A Background Investigation Consent Release form is required from each person in charge of the business except in the case of a corporation whose stock is publicly traded on a stock exchange and is applying for a license to be owned and operated by it.
2. When a licensee places a manager in charge of a business, or if the named manager in charge of a business changes, the licensee must complete and submit the appropriate documentation required for managers within 14 days, and if a background investigation of the manager is required, the licensee must pay an amount equal to the cost to the investigation.

**MANAGEMENT INFORMATION – REQUIRED**

Full Name:

Title:

Residence Address (city, state and zip):

Cell Phone:

Email Address:

Business Phone:

Business Email Address:

Is the manager the emergency contact for the business?  Yes or  No If no, provide alternate contact information below.

Full Name:

Title:

Phone Number:

**SECTION 5- WORKERS' COMPENSATION INSURANCE**

**A valid workers' compensation policy must be kept in effect at all times by employers as required by law.**

Any workers' compensation policy information changes must be submitted to the city.

**1. Complete if insured by business.**

I have a workers' compensation insurance policy.

Insurance company name (*not* the insurance agent):

Policy Number:

Effective Date:

Expiration date:

**2. Complete if self-insured.**

I am self-insured for workers' compensation and have attached a copy of the authorization to self-insure from the Minnesota Department of Commerce.

**3. Complete if exempt.**

I am not required to have workers' compensation insurance because:

I have no employees.

I only have employees who are not required to be covered by the workers' compensation law.

(See Minnesota Statutes § 176.041 for a list of excluded employees.)

Explain why your employees are not covered by the workers' compensation law: \_\_\_\_\_

\_\_\_\_\_

**SECTION 6- FINANCIAL RESPONSIBILITY**

Prior to the issuance of a license, the applicant/business must be current on the following financial obligations.

- 1. Property taxes are current.       Yes    or     No
- 2. Utility bills are current.         Yes    or     No
- 3. State taxes are current.          Yes    or     No
- 4. Federal taxes are current.        Yes    or     No
- 5. Other governmental obligations or claims concerning the applicant/business entity named in this license application are current.       Yes    or     No

If you or the business entity named in this license application have received a notice of delinquency or default, please provide details: \_\_\_\_\_

If "No" is checked for any of the above, describe the payment plan or other agreement approved by the applicable government entity: \_\_\_\_\_

**OFFICIAL USE ONLY**

UB    Prev UB    UB Cert    Tax    Prev Tax  
Date Verified compliance on: \_\_\_\_\_ by staff initials: \_\_\_\_\_

**SECTION 7- DATA PRIVACY ADVISORY**

All of the information that you are required to provide on this form is considered to be public data pursuant to the Minnesota Government Data Practices Act, Minnesota Statutes Chapter 13, *with the exception of social security numbers which are considered to be private data*. In the event that a member of the public requests a copy of this application from the City, the City is required to provide the application to that person (all social security numbers will be removed or redacted).

Social security numbers that are being provided on this form are considered to be private data on individuals pursuant to Minnesota Statutes Section 13.355. It is understood that the applicant is not required to provide this information. However, the City will not be able to process the application unless all required social security numbers are supplied.

**I have read and understand the above data practices advisory.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**SECTION 8 - VERIFICATION**

I authorize the City of Crystal to investigate and make whatever inquiries that are necessary to verify the information in this application. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business. The documents and information I have submitted are true and correct to the best of my knowledge.

I, (print name) \_\_\_\_\_, certify or declare under penalty of perjury under the laws of the State of Minnesota that the foregoing is true and correct to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



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**CITY of CRYSTAL**

**TREE TRIMMER SUPPLEMENTAL FORM**

**Applicant Name:** \_\_\_\_\_

**Registration with the Minnesota Department of Agriculture to perform tree care is required.**

Provide License Number: \_\_\_\_\_

**MOTOR VEHICLES TO BE OPERATED**

State License Number	Serial Number	Make	Year	Name of Owner

**EXPERIENCE**

Summarize training, experience or special qualifications in tree trimming.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all Minnesota counties in which the applicant works and the name of up to three other municipalities where the applicant has conducted similar business.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The applicant agrees and understands that the issuance and tags can be used only by the firm. Any violation, misrepresentation, or falsification on above application will result in forfeiture and loss of consideration for said license.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_



**CITY of CRYSTAL**

## Memorandum

DATE: April 7, 2021

TO: Tree Removal and Trimming Contractors

FROM: Mick Cyert, Engineering Project Manager

SUBJECT: Obstruction of Right-of-Way/Permit for Road Closure

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Dear Licensee:

The Licensee shall use due diligence in the execution of the work authorized under this license in order not to endanger or unnecessarily inconvenience or obstruct pedestrian and vehicular travel along the roadway.

The Licensee must provide and maintain all traffic control devices and barricades in compliance with the Minnesota Manual on Uniform Traffic Control Devices (MMUTCD), and the MnDOT Temporary Traffic Control Zone Layouts Field Manual, current editions. Appropriate safety vests shall be worn by *ANYONE* occupying City right-of-way.

In the event the Licensee deems it necessary to close the roadway to public travel and in accordance with Crystal City Code, the Licensee must first obtain a permit. To request approval and obtain a permit to close the roadway, submit a Public Works Right-of-Way permit application form to the Crystal Director of Public Works. This must be done a minimum of **48 hours** prior to the requested date of the closure. City staff will contact the applicant with the Director's decision to deny or approve the road closure. Permits can be picked up or emailed to the applicant. Current permit fees will apply.

If you have any questions, please contact me at (763) 531-1161 or [mick.cyert@crystalmn.gov](mailto:mick.cyert@crystalmn.gov).

Thank you.





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## PERMIT FOR ROAD CLOSURE

Complete and return form to Mick Cyert, Engineering Project Manager at: [mick.cyert@crystalmn.gov](mailto:mick.cyert@crystalmn.gov)

Pursuant to Crystal City Code Section 802.15, Permit Requirement, AND Pursuant to power granted to the Crystal city engineer or agents acting under the city engineer's authority by the Crystal City Council, the following business or person(s):

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Responsible Person: \_\_\_\_\_

Business & Emergency Phones (with area codes): \_\_\_\_\_ / \_\_\_\_\_

Fax Phone (with area code): \_\_\_\_\_

Request a permit for the purpose of:

\_\_\_\_\_

\_\_\_\_\_

Permission is requested to close \_\_\_\_\_  
(location)

from \_\_\_\_\_ at \_\_\_\_\_  
(date of closure) (anticipated time of closure)

to \_\_\_\_\_ at \_\_\_\_\_  
(date of reopening) (anticipated time of reopening)

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Applicant's Signature

**CITY USE ONLY:**

\_\_\_\_\_  
Date Permit Granted

\_\_\_\_\_  
Authorized Signature

Section 1115 - Tree trimming

1115.01. Definition. For the purposes of this section, “tree trimming” means and includes the trimming of trees and the removal of trees and tree stumps on the property of another for hire.

1115.03. Licensing required. It is unlawful to engage in the business of tree trimming in the city without first being licensed to do so pursuant to this section.

1115.05. Licensing process.

Subd. 1. Application. An application for a tree trimming license must be presented to the city clerk and, in addition to the information required in Crystal city code, subsection 1000.11, must contain the following information:

- (a) List all Minnesota counties in which the applicant works and the names of up to three other municipalities where the applicant has conducted similar business, if any exist;
- (b) A summary statement of applicant’s training, experience or special qualifications in the field of tree trimming, including proof of registration with the Minnesota Department of Agriculture’s tree care registry; and
- (c) The name of any city or other governmental licensing authority which has refused to issue a tree trimming license to the applicant or which has revoked or suspended such a license issued to the applicant, if any exist.

Subd. 2. Bond; insurance. An applicant for a license under this section must provide a surety bond in the amount provided in Crystal city code, appendix IV so that the licensed activity will be conducted in accordance with applicable state laws and city ordinances and that the licensee will save the city harmless from any liability, damage or expense which may be incurred by the city by reason of performance of such activity. An applicant must also file with the city clerk a certificate of insurance showing that the applicant has purchased commercial general liability and workers’ compensation insurance which will remain in effect for the term of the license, and that the insurance will not be cancelled without ten days’ notice to the city. The policy or policies must provide commercial general liability coverage to the applicant in the amount provided in Crystal city code, appendix IV and must name the city as an additional insured party.

Subd. 3. Issuance of license. Upon submission of a completed application and the required insurance, bond, and fees, the city manager may, if in the city manager’s judgment all conditions exist for the issuance of the license, issue a temporary license subject to final approval by the city council.

1115.07. Relation to other code provisions. Activities licensed by this section must be conducted in accordance with all applicable provisions of this Crystal city code including, but not specifically limited to, the following:

- (a) A license is not required for the removal of trees conducted solely pursuant to a grading permit issued under Crystal city code, section 415;
- (b) When conducting licensed activities in a public right-of-way the licensee must adhere to all applicable requirements contained in Crystal city code, chapter VIII; and
- (c) Persons licensed under this section must familiarize themselves with all aspects of the city's shade tree control program. Tree trimming or removal activities involving the treatment of diseased shade trees may not be conducted other than in conformance with Crystal city code, section 2020, including the requisite tree inspector certification.