



CITY OF RICHFIELD

Application for Christmas tree sales

FEE \$ 166.00
(Per Location)

- Definition – (Section 1130.03 City Ordinance) “Christmas Tree” means and includes any cut evergreen, fir, spruce or other tree of like kind for use as what is generally known as a Christmas Tree.
- The Fire Department will inspect the proposed sites prior to issuance of said license. **When site is set up, you will need to contact the Fire Department at 612-243-4502 to schedule the inspection before opening to the public.**
- Licensees are responsible for cleanup of sites subsequent to termination of said license.

Applicant’s Name: _____

Applicant’s Address: _____

Applicant’s Telephone Number: _____

Business or Organization Name: _____

Business or Organization Address: _____

Business or Organization Telephone Number: _____

Are you a Richfield resident? Yes _____ No _____

Location of Lot. (Must be in commercial area): _____

From whom are the trees purchased? _____

From where are the trees cut or secured? _____

Set up date: _____

YOU MUST CONTACT THE RICHFIELD FIRE CHIEF TO ARRANGE A FIRE INSPECTION 48 HOURS PRIOR TO COMMENSING SALES:

Wayne Kewitsch – 612-243-4501 or wkewitsch@cityofrichfield.org

SWORN STATEMENT

I (we) hereby agree to operate such business in accordance with the laws of Minnesota and the ordinances of the City of Richfield. The foregoing statements are true and correct to the best of my knowledge and belief.

Business or Organization Name: _____ Date: _____

Authorized Signature: _____ Title: _____

PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE

Minnesota Statute Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Section 176.181, Subd. 2. The information required is: The name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and put in their company file. It will be furnished, upon request to the Department of Labor and Industry to check for compliance with Minnesota Statute Sec. 176.181, Subd. 2.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided and/or falsely reported, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of labor and Industry payable to the Special Compensation Fund.

Provide the information specified above in the spaces provided, or certify the precise reason your business is excluded from compliance with the insurance coverage requirement for workers' compensation.

Insurance Company Name: _____
(NOT the insurance agency)

Policy Number or Self-Insurance Permit Number: _____

Dates of Coverage: _____

(Or)

I am not required to have workers' compensation liability coverage because:

() I have no employees covered by law.

() Other (Specify): _____

I HAVE READ AND UNDERSTAND MY RIGHTS AND OBLIGATIONS WITH REGARDS TO BUSINESS LICENSES, PERMITS AND WORKERS' COMPENSATION COVERAGE, AND I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

(SIGNATURE)

(DATE)