



20__ TREE CARE REGISTRY APPLICATION

Minnesota Statutes § 18G.07

Company Information:			Mailing Address (If different from Company):		
Company Legal Name:			Name:		
DBA (If different):			Mailing Address:		
Street Address (No PO Box):			City:	State:	Zip Code:
City:	State:	Zip Code:			
County:	Company Telephone:				

Additional Locations: (Attach additional sheet(s) if necessary)

Street Address (No PO Box)	City	State/Zip	County

Minnesota Counties Where Work Is Performed (Circle all that apply):

Aitkin	Cook	Itasca	McLeod	Pope	Swift
Anoka	Cottonwood	Jackson	Meeker	Ramsey	Todd
Becker	Crow Wing	Kanabec	Mille Lacs	Red Lake	Traverse
Beltrami	Dakota	Kandiyohi	Morrison	Redwood	Wabasha
Benton	Dodge	Kittson	Mower	Renville	Wadena
Big Stone	Douglas	Koochiching	Murray	Rice	Waseca
Blue Earth	Faribault	Lac Qui Parle	Nicollet	Rock	Washington
Brown	Fillmore	Lake	Nobles	Roseau	Watonwan
Carlton	Freeborn	Lake of the Woods	Norman	Scott	Wilkin
Carver	Goodhue	LeSueur	Olmsted	Sherburne	Winona
Cass	Grant	Lincoln	Otter Tail	Sibley	Wright
Chippewa	Hennepin	Lyon	Pennington	St. Louis	Yellow Medicine
Chisago	Houston	Mahnomen	Pine	Stearns	
Clay	Hubbard	Marshall	Pipestone	Steele	
Clearwater	Isanti	Martin	Polk	Stevens	

Registration Fee:

Return this form with your check made payable to:

MINNESOTA DEPARTMENT OF AGRICULTURE

Attn: Cashier

625 Robert Street North
Saint Paul, MN 55155-2538

Fees are not transferable nor refundable.

Registration Fee: \$ 25.00 **600372(3100)**

I hereby certify that the information contained in and submitted with this form is true and correct.

Signature: _____ Date: _____

Name (Please print): _____ Title: _____

Contact Telephone: _____ Fax Number: _____

E-mail Address: _____

For Office Use Only