

# CITY OF ST. PAUL

DEPARTMENT OF SAFETY AND INSPECTIONS 375 JACKSON STREET, SUITE 220 ST. PAUL, MINNESOTA 55101-1806 Phone: 651-266-8989 Fax: 651-266-9124

Visit our Web Site at www.stpaul.gov/dsi

**CLASS R LICENSE APPLICATION** 

LICENSES ARE NOT TRANSFERRABLE

Payment must be received with Each Application (This application is subject to review by the public)

Business Address
23712 Cooper Ave NW, Bethel, MN 55005
(Street number/name, direction, etc.)

Name on Business Sign (DBA) Urban Tree & Candscape

Date 7-9-18

Types of License(s) being applied for: (Office Use Only)	Fees
Tree frimmer \$   Veh	
<del>-4</del>	
ladditional yet	
1 Determination	
Total	
Licensee/Owner Name: Gaboje / John Tschida President Birth Date	7, 2,31
(Responsible Party) First Middle Maiden Last Title	1101
Have you used any other names?(list them here) //O	
Home Address: 237/2 Cooper Ave NW, Bethel, MN, 55005 Home Phone: 61	2-703-1770
Street Number/Name City State Zip+4	
Place of Birth: Little Falls, MN Driver's License # F87606066	0021
Place of Birth: Little Falls, MN Driver's License # F87606066  Business Phone: 612-532-9996 Fax: NA  E-Mail: 9abe@ut	rees.com
Company Name: Urban Tree 3 Landscape, LLC Circle Type: Comporation Partnership	
Address (If different from Business Address):  Street Number/Name City State	Zip+4
	1
Preferred Mailing Address: 23712 Cooper Ave NW. Bethel, MN	55005
Anticipated Date of Opening: 7/9/18	1
Licensee Work History (list name, address and phone number of all employers for the previous 5 year period)	
I have been Self employed Since 2006	

SUPPLEMENTAL LICENSE INFORMATION REQUIRED FOR THIS APPLICATION						
Business Manager if different from Applicant						
Manager's Name: Other Name(s) Used:						
Home Address: Home Phone:/  Street Number/Name City State Zip+4						
Birth Date:/ Place of Birth: Driver's License #						
Other Person(s) to Appear on Business License (Circle Type: Shareholder Officer Partner)						
Name:Other Name(s) Used:						
Home Address: Home Phone: /// Street Number/Name City State Zip+4						
Birth Date:/ Place of Birth: Driver's License #						
Other Person(s) to Appear on Business License (Circle Type: Shareholder Officer Partner)						
Name:Other Name(s) Used:Other Name(s) Used:						
Home Address: Home Phone: / _ /  Street Number/Name City State Zip+4						
Birth Date:// Place of Birth: Driver's License #						
The following additional information is required for your application to be complete: (check if received)						
Zoning Worksheet + Floor plan & Site plan.						
Property Lease Agreement or Proof of Ownership						
FALSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED WILL RESULT IN DENIAL OF APPLICATION I hereby state that I have answered all of the preceding questions and that the information contained herein is true and correct to the best of my knowledge and belief. I hereby state further that I have received no money or other consideration, by way of loan, gift, contribution, or otherwise, other than already disclosed in the application which I herewith submitted. I also understand this premise may be inspected by police, fire, health and other city officials at any and all times when the business is in operation.						
associal President 7-9-18						
Applicant Signature (Required) Title Date						

NOTE: GROCERY, RESTAURANT OR OTHERBUSINESS LICENSES, REQUIRING ENVIRONMENTAL HEALTH APPROVAL ARE SUBJECT TO AN ADDITIONAL CHARGE FOR THE ENVIRONMENTAL PLAN REVIEW OF YOUR FOOD SERVICE BUSINESS. YOU WILL BE INVOICED SEPARATELY FOR THIS CHARGE.

Revised 10/16/2013



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/9/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject to

	e terms and conditions of the policy, c entificate holder in lieu of such endorse			idolaciliciii. A stat	ement on th	a certificate doca flot ci	omer I	ignite to the	
_	DUCER	CONTACT Ron Freiling							
Sherman Insurance Agency, Inc.			NAME: PHONE (A/C, No, Ext): (651) 451-1758  FAX (A/C, No): (651) 455-3923						
120	Bridgepoint Way, Suite C			E-MAIL ADDRESS: ron@she	rmanins.				
	7-5			INS		NAIC#			
Sou	th Saint Paul MN 5507	5				1 Mutual Insurance	ce	15377	
INSU	RED			INSURER B :					
Urh	oan Tree & Landscape LLC			INSURER C:				-	
237	12 Cooper Avenue NW			INSURER D :					
				INSURER E:					
Bet	thel MN 5500	5		INSURER F :					
CO	VERAGES CERT	IFICATI	NUMBER:CL1771809	<del></del>		REVISION NUMBER:			
C E	HIS IS TO CERTIFY THAT THE POLICIES OF IDICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PECCLUSIONS AND CONDITIONS OF SUCH PORTIONS OF SUCH PO	UIREME RTAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDS	OF ANY CONTRACT ED BY THE POLICIES BEEN REDUCED BY	OR OTHER DESCRIBED PAID CLAIMS.	OCUMENT WITH RESPEC	OT TO	WHICH THIS	
INSR	TYPE OF INSURANCE	DDL SUBF		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$	1,000,000	
A	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
			CPP1098445	7/30/2017	7/30/2018	MED EXP (Any one person)	\$	5,000	
						PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000	
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	s	2,000,000	
	OTHER:						\$		
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
7	ANY AUTO					BODILY INJURY (Per person)	\$		
A	ALL OWNED X SCHEDULED AUTOS CPP1098441		CPP1098441	7/30/2017	7/30/2018	BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$		
	70100					(i ci dociociti)	\$		
	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	1,000,000	
A	EXCESS LIAB CLAIMS-MADE		UMB1016239	9/12/2017	7/30/2018	AGGREGATE	\$	1,000,000	
A	DED X RETENTION\$ 10,000						3		
	WORKERS COMPENSATION					X PER OTH-			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	1			7/30/2018	E.L. EACH ACCIDENT	\$	100,000	
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	N/A	WCV1012521	7/30/2017		E.L. DISEASE - EA EMPLOYER	S	100,000	
If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	-	500,000			
	1				1				
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	ES (ACOF	RD 101, Additional Remarks Sched	tule, may be attached if m	ore space is requ	lred)			
	RTIFICATE HOLDER			CANCELLATION					
_	51) 266-1919			CANCELLATION			-		
,,	J2/200 1313			SHOULD ANY OF	THE ABOVE !	DESCRIBED POLICIES BE	CANCE	LLED BEFORE	
City of St Paul Department of Safety and Inspections			THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Debra Jackson 375 Jackson Street, Ste 220				AUTHORIZED REPRESENTATIVE					
	St Paul, MN 55101-180		·						
		Peter Lobe, Inc./RFR							
				@ 1099 2014 ACOPD COPPOPATION All rights respected					



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/27/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is If SUBROGATION IS WAIVED, subject to	o the t	erms	and conditions of the po	licy, ce	rtain policies					
this certificate does not confer rights to the certificate holder in lieu of such					CONTACT Des Freilles					
PRODUCER					NAME: POTT Telling					
120 Bridgepoint Way, Suite C					PHONE (A/G, No, Ext): (651) 451-1758 FAX (A/C, No): (651) 455-3923  E-MAIL FON@shermanins.com					
JUL 3 1 2018			INSURER(S) AFFORDING COVERAGE					NAIC#		
South Saint Paul	UI	2010	MN 55075	INSURE	RA: Western	National Mutua	al Insurance Co		15377	
INSURED				INSURE	RB: Western	National Insura	ance			
Urban Tree & Landscape LLC				INSURE	INSURER C:					
23712 Cooper Avenue NW				INSURE	INSURER D:					
				INSURE	RE:					
Belhel			MN 55005	INSURE	RF:					
COVERAGES CE	RTIFIC	ATE	NUMBER: CL187271360	2		2200	REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES O INDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH F	JIREME TAIN, T OLICIE	ENT, T	ERM OR CONDITION OF ANY ISURANCE AFFORDED BY TH IITS SHOWN MAY HAVE BEEN	CONTR	ACT OR OTHER DIES DESCRIBE DED BY PAID C	R DOCUMENT ED HEREIN IS S LAIMS.	WITH RESPECT TO WHICH	THIS		
INSR LTR TYPE OF INSURANCE		WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT			
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,00		
CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,		
	-						MED EXP (Any one person)	\$ 5,000		
A	-	į	CPP1098445		07/30/2018	07/30/2019	PERSONAL & ADV INJURY	s 1,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000		
POLICY PRO-					i		PRODUCTS - COMP/OP AGG	*	0,000	
OTHER:		-					COMBINED SINGLE LIMIT	\$		
AUTOMOBILE LIABILITY						(Ea accident)	\$ 1,000,000			
OUNTED CONTROL ED	ANY AUTO			07/30/2018	07/30/2019	BODILY INJURY (Per person)	S			
AUTOS ONLY AUTOS	LY AUTOS		BODILY INJURY (Per accident)			\$				
AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
WMBRELLA LIAB X OCCUP	+-	-						\$	0.000	
B EVOTOGIAN			UMB1016239		07/20/	07/20/2018	07/30/2019	EACH OCCURRENCE	s 1,00	
CLAIMS-MAL	티		010001010209	07/30/2018		0113012019	AGGREGATE	1	0,000	
DED RETENTION \$ 10,000				PER   OTH-	\$					
AND EMPLOYERS' LIABILITY	u l			07/30/2018		➤ PER OTH- STATUTE ER	s 100	000		
A OFFICER/MEMBER EXCLUDED?	NIA		WCV1012521		07/30/2018	07/30/2019	E.L. EACH ACCIDENT	400	,000	
(Mandatory In NH) If yes, describe under						ļ	E.L. DISEASE - EA EMPLOYEE	500	,000	
DÉSCRIPTION OF OPERATIONS below	+-	+					E.L. DISEASE - POLICY LIMIT	\$ 500	,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (A	CORD	101, Additional Remarks Schedule	e, may be	attached if more s	space is required	)			
CERTIFICATE HOLDER				CAN	CELLATION					
CENTIFICATE ROLDER	CAN	DELLATION								
City of St Paul Department of Safety and Inspections				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
375 Jackson Street, Ste 220			MN 55101-1806	AUTHORIZEO REPRESENTATIVE						
St Paul	1									

2000 FORD F-750 plak - YBD 7153 VM - 3FDX F75A 6YMA Ø2413

1988 International SZ600 plate - YBJ 5756 Vin-IHTZV GZ T 8 JH 585 876

#### MINNESOTA DEPARTMENT OF AGRICULTURE

TREE CARE REGISTRY

URBAN TREE SERVICE LLC DBA URBAN TREE & LANDSCAPE 23712 COOPER AVE NW BETHEL MN 55005

20190969

01/01/2018

12/31/2018

Registration No.

Effective date

Expiration date

URBAN TREE SERVICE LLC DBA URBAN TREE & LANDSCAPE 23712 COOPER AVE NW BETHEL MN 55005

20190969

\$25.00

12/31/2018

Registration No.

Registration Fee

Expiration date

### MINNESOTA DEPARTMENT OF AGRICULTURE

625 ROBERT STREET NORTH, ST. PAUL, MINNESOTA 55155-2538

TREE CARE REGISTRY

URBAN TREE SERVICE LLC DBA URBAN TREE & LANDSCAPE 23712 COOPER AVE NW BETHEL MN 55005

20190969

\$25.00

01/01/2018

12/31/2018

Registration No.

Registration Fee

Effective date

Expiration date

This registration must be posted in a conspicuous place and is not transferable.

AG-00853 In accordance with the Americans With Disabilities Act, an alternative form of communication is available upon request.



International Society of Arboriculture™

ISA Certified Arborist°

# Gabriel Tschida

Cortificate Number:

MN-4351A

Excitation Date:

Dec 31, 2018



# Registered Product Search

New Search (default.jsp)

License Number: 20192269

License Type: TREE CARE REGISTRY (https://www.mda.state.mn.us/licenses?tid=116)

Hiring a Tree Care Company

(http://www.mda.state.mn.us/hiringatreecarecompany.aspx)

NAME	ADDRESS1	ADDRESS2	CITY	STATE	ZIP	COUNTY	PHONE	RELATIONSHIP
URBAN TREE CARE LLC	10330 GULDEN AVE NW		MAPLE LAKE	MN	55358	WRIGHT		REGISTRANT

### License Period

INITIAL DATE	STARTS	ENDS
01/30/2018	02/01/2019	12/31/2019

### Categories

CATEGORY
AITKIN
ANOKA
CARVER
CHISAGO
DAKOTA
HENNEPIN
ITASCA
RAMSEY
RICE
SHERBURNE
STEARNS
WRIGHT

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TREES ARE GOOD.

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About (https://www.treesaregood.org/about)

Tree Owner Information (https://www.treesaregood.org/treeowner)

Educational Activities (https://www.treesaregood.org/education)

Find an Arborist (https://www.treesaregood.org/findanarborist)

Get Involved (https://www.treesaregood.org/getinvolved)

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About

(https://www.treesaregood.org/about)

#Patrons

(https://www.treesaregood.org/patrons)

Tree Owner Information

(https://www.treesaregood.org/tree owner)

មាBenefits of Trees

(https://www.treesaregood.org/tree owner/benefitsoftrees)

§\*\*Choosing the Right Tree (https://www.treesaregood.org/tree owner/choosingtherighttree)

ថាManaging Tree Hazards and Risk (https://www.treesaregood.org/tree owner/treehazards)

EPlant Health Care

(https://www.treesaregood.org/tree owner/planthealthcare)

មាPlanting a Tree

(https://www.treesaregood.org/tree owner/plantingatree)

EPruning Your Trees

(https://www.treesaregood.org/tree owner/pruningyourtrees)

ETree Owner's Manual

(https://www.treesaregood.org/tree owner/treeownersmanual)

EWhy Hire an Arborist?

(https://www.treesaregood.org/tree owner/whyhireanarborist)

ETranslated Brochures

(https://www.treesaregood.org/tree owner/translations)

Educational Activities

(https://www.treesaregood.org/education)

Find an Arborist

(https://www.treesaregood.org/find anarborist)

Find an Arborist

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Vi Verify an ISA Credential

Home (https://www.treesaregood.org/

(http://www.facebook.com/pages/TreesAreGoodorg/117572634987507)

] Find an Arborisi (https://www.treesaregood.org/findanarborist) Verify an ISA Credential (https://www.treesaregood.org/findanarborist/verify)

### **Credential Verification**

Certification ID search 'mn-4351a' returned 1 records

Back to Scarch

First Name	Last Name	City	State \ Province	Country	Credentials
Gabriel	Tschida	Bethel	MN	UNITED STATES	ISA Certified Arborist®

Explanation of ISA certification credentials (https://www.isa-arbor.com/Credentials/Which-Credentialsis-Right-for-You)

Explanation of ISA qualifications (https://www.isa-arbor.com/Credentials/Which-Credential-is-Right-for-You#CertVQual)