



### 20 TREE CARE REGISTRY APPLICATION

<b>Company Information:</b>			<b>Mailing Address (If different from Company):</b>		
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.

For Office Use Only

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Please print): \_\_\_\_\_ Title: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_