3301 Silver Lake Road
St. Anthony Village, Minnesota 55418
Office: (612) 782-3301
Fax: (612) 782-3302
www.ci.saint-anthony.mn.us

-For Office Use Only-

Application Submittal Date _____

Fee Paid **$50.00**

Workers' Compensation Certificate _____

Receipt Number _____

Council Approval Date _____

CHRISTMAS TREE LOT LICENSE

Business Name: _____

Business Address: _____

Telephone Number: _____ Federal ID # _____ MN ID # _____

OWNER'S INFORMATION:

Owner's Name: _____

Address: _____

Phone #: _____ Email Address: _____

The undersigned applicant makes this application pursuant to all the laws of the State of Minnesota and regulations as the Council of the City of St. Anthony Village may from time to time prescribe, including Minnesota § 176.182.
Please attach a copy of your Workers' Compensation Insurance Certificate.

_____ _____

Applicant's Signature *Date*

If completed license should be mailed somewhere other than the business address. Please list below.

_____

Name *Address* *City* *State* *Zipcode*