



4901 Manitou Road
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LAWN HERBICIDE/ PESTICIDE APPLICATOR LICENSE APPLICATION

Business Name: _____ **License #:** _____

Full Address: _____

Phone: _____ **Email:** _____

Owner/Local Manager: _____

Employee Applying Chemicals to Lawn: _____ **MN License #:** _____

NOTE: A fertilizer sample must be provided with the license application.

Emergency Notification

List the phone numbers of persons to contact in the event of a spill involving your business

Name: _____ **Best Phone Number:** _____ **Alternate Phone:** _____

Name: _____ **Best Phone Number:** _____ **Alternate Phone:** _____

State your spill prevention policy:

List of personal safety equipment provided for handling herbicides/pesticides:

List spill control equipment owned by business:

Are Material Safety Data Sheets retained for herbicides/pesticides? _____

Are they retained? _____

If no, are products labeled? _____

Signature: _____ **Date:** _____

(STAFF SECTION)

DATE PAID (TOTAL \$108): _____ **RECEIPT NUMBER:** _____

ACCEPTED OR REJECTED: _____ **DATE:** _____