

APPLICATION FOR TREE SURGEON LICENSE

Application is hereby made for the issuance of a Tree Surgeon License to the undersigned.

BUSINESS NAME _____
ADDRESS _____

Telephone # _____

Name of Owners _____
Owners Address _____

Number of years in business _____

List all employees and number of years experience.

Name of insurance company _____
Public Liability Insurance Policy No. _____

(ATTACH COPY OF POLICY)

List tree surgeon equipment below: (include motor vehicles)

License Fee - \$60.00

Tree Disposal Site Permit Fee - \$500.00

I certify that all statements herein are true and I understand that the use of the Webster City Tree/Brush Disposal Site is for the disposal of trees/brush of residents within the City limits of Webster City only.

(Date)

Applicants Signature