



CITY OF
WAMEGO

ARBORIST LICENSE APPLICATION

Date: _____

Amount Due: \$500 (annually)

Payment: _____

Company Name: _____

Owners Name: _____

Address: _____

Business Phone: _____ Home Phone: _____

Fax Number: _____ Email: _____

INSURANCE INFORMATION

Insurance Co.: _____ Phone _____

Date of Expiration: _____ Amount of Coverage: _____

Applicants Signature

NOTE: This application will be processed upon receipt of a completed application, payment, and a current certificate of liability insurance.

OFFICE USE ONLY

Current Certificate of Liability	yes	no
Payment Received	yes	no
Cards Issued	yes	no

Application approved by:
