



ARBORIST LICENSE APPLICATION

Date: _____

Amount Due: \$50 (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. **The Leaf, Limb and Grass Burn Site is no longer accessible to commercial arborists and landscapers.** This site is now reserved for city residents and property owners. We recommend utilizing the Pottawatomie County Landfill for the disposal of organic waste.

OFFICE USE ONLY

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

Application approved by:
