



City of Lawrence

Tree Trimmer License Application

OWNER INFORMATION				
Company Name:				
Name of Owner	Last Name:	First Name:	Middle Name:	
Address	Street:	City:	State:	Zip:
Preferred Phone:	Alternate Phone:	E-Mail Address:		
If applicant consists of a partnership or corporation, the names, addresses & phone numbers of individuals comprising such a partnership or corporation must be furnished on additional sheets.				

I HAVE READ A COPY OF ARTICLE 2, CHAPTER 18, OF THE CODE OF THE CITY OF LAWRENCE, AND ALL REQUIREMENTS THEREIN HAVE BEEN MET. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSE STATEMENT IN THE ABOVE ANSWERS WILL CONSTITUTE CAUSE FOR REVOCATION OF THIS LICENSE. FEES PAID FOR PROCESSING THIS APPLICATION ARE NOT REFUNDABLE OR PRORATED IN THE EVENT THIS LICENSE IS NOT APPROVED OR REVOKED FOR ANY REASON.

PLEASE INCLUDE: Appropriate license fee as selected:

- \$60.00 - Initial license for cutting, pruning, removing, spraying or otherwise engage in treating trees.
- \$30.00 - Initial license, if certified by Kansas State Arborist Association (COPY OF CERTIFICATION MUST BE PROVIDED)
- \$18.00 – Renewal
- \$30.00 - Initial license for dead tree removal only
- \$12.00 - Renewal for dead tree removal license

Insurance information:

- Copy of certificate of liability insurance. Public Liability: \$50,000 per occurrence bodily injury and at least \$50,000 per occurrence/\$100,000 aggregate property damage liability. There shall be a provision incorporated in the policy notifying the City within ten (10) days if the policy is canceled.
- Copy of State arborist certificate, if you are certified

APPLICANT'S NAME (Printed)

APPLICANT'S SIGNATURE

TODAY'S DATE

TREE TRIMMER LICENSE APPLICATION APPROVAL (For Office Use Only)	
I hereby <input type="checkbox"/> approve <input type="checkbox"/> disapprove this application.	_____ Parks and Recreation