



City License No.: _____
Entered: _____
Approved/Denied By: _____
Approval/Denial Date: _____

PRIVATE TREE SERVICE LICENSE APPLICATION

Annual License Fee: \$25.00

Receipt No.: _____

Business Name: _____ Telephone No.: _____

Business Address: _____
Street City State Zip

Mailing Address: _____
(If different from above) Street City State Zip

Email: _____

Owner's Name: _____ Telephone No.: _____

Please include the following with the application:

1. Copy of certificate of insurance evidencing the applicant's current coverage of a commercial general liability policy, having limits of not less than a combined single limit of five hundred thousand dollars (\$500,000).
2. Copy of a certificate of insurance evidencing current Idaho workers' compensation insurance, having limits not less than the Idaho statutory limits.
3. Delivery of an affidavit signed by the applicant certifying that the applicant has within its employ or has contracted with an arborist certified by the International Society of Arboriculture ("ISA") for the term of the license.

Responsible Certified Arborist: _____

ISA Certification Number: _____

Signature of Applicant: _____

Date: _____