

## TREE SURGEON LICENSE APPLICATION

### APPLICANT INFORMATION

Name:			Date:	
Current Address:		City:	State:	Zip:
Date of Birth:	Phone:	E-mail	Drivers License #:	

### BUSINESS INFORMATION

Name of Business:				
Business Address:				
City:		State:	Zip Code:	
Phone:	Email:		Fax:	
Type of Business: Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/>				

### LIST OF OFFICERS

Name & Address:		Title	Phone:
Name & Address:		Title	Phone:
Name & Address:		Title	Phone:
Name & Address:		Title	Phone:

### DESCRIPTION OF BUSINESS

--

### VEHICLE INFORMATION

Vehicle Make & Model:	VIN #	Vehicle Length:	Plate #
-----------------------	-------	-----------------	---------

### INSURANCE INFORMATION

Name of Carrier:			
Address:		City:	State: Zip Code:
Policy Number:	Liability Coverage: \$	Property Damage Coverage: \$	
Workmen's Compensation Insurance: Yes <input type="checkbox"/> No <input type="checkbox"/>			

**Note your public liability insurance must be at least \$300,000 and your minimum property damage coverage must be \$25,000 each person and \$50,000 minimum each accident. A certificate of insurance must be presented along with an endorsement naming the City of New Rochelle as additional insured.**

### FEES

Original License Fee \$95.00		Renewal Fee \$65.00	
License Number:	Expire Date:	License Number:	Expire Date:
Receipt Number:		Receipt Number:	

### SIGNATURES

I certify that I am an officer of the above firm and to the truth of the above statements. I further agree that if a license is granted all requirements of the City, County and State Laws, Ordinances & Regulations applying to the licensing of tree surgery.

Signature of applicant:	Date:
-------------------------	-------

### CITY CLERK

Signature	Date:
-----------	-------