



TREE SURGEON LICENSE APPLICATION

APPLICANT INFORMATION

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

BUSINESS INFORMATION

Name of 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

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VEHICLE INFORMATION

Vehicle Make & Model:	Vehicle Length:
VIN #:	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 provided 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:	

SIGNATURE

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:
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CITY CLERK

Signature:	Date:
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**TREE SURGEON
LICENSE APPLICATION**

CITY OF NEW ROCHELLE AUTHORIZATIONS

1. RISK MANAGER

I have investigated the insurance policy and certificate of endorsement the foregoing organization and they comply with the City Code.

Signature	Date
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2. LAW DEPARTMENT

I have examined the application and public liability insurance policy covering the business and naming the City of New Rochelle as additional insured with a minimal coverage of \$100,000 for each person, \$300,000
Each accident and property damage of \$25,000 each person and \$50,000 for each accident per the City Code.

Signature	Date
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3. POLICE DEPARTMENT

I have investigated the character and reputation of the foregoing applicant and business and they comply with the requirements of the Police Department.

Signature	Date
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4. CITY CLERK

Signature	Date
License #:	Receipt #:
<input type="checkbox"/> ORIGINAL LICENSE FEE: \$95.00 <input type="checkbox"/> RENEWAL FEE: \$65.00	Expiration Date:

(City Seal)

NR 2020 Tree Surgeon