

COMMERCIAL TREE OPERATORS LICENSE APPLICATION

I, _____, do hereby apply for a license to treat, trim or remove any trees or shrubs in the City of Waupaca, according to chapter 12.17 of the municipal code for the period _____, to _____, and affirm that I have had vocational schooling and training to perform such work, and submit the following information:

Name (Print) _____

Name of Company _____

Mailing Address _____

I hereby agree to obey all ordinances, rules and regulations relative to the purpose for which the license is granted; I shall hold the city harmless in case of any accident or on account of any danger arising from exercise of the license.

I have completed the certification of traffic control standards for the department of transportation.

Along with this application I submit evidence of public liability insurance to be approved by the City Attorney.

PHONE NUMBER

SIGNATURE

DATE

Evidence of public liability insurance approved

This _____ day of _____, 20 _____

CITY ATTORNEY

CITY FORRESTER

DATE

(FOR OFFICE USE ONLY)

Filed: _____

Fee: \$50.00

Receipt _____

Issued: _____

