



# APPLICATION FOR TREE SURGEON'S LICENSE

Annual licenses run from July 1 through June 30 of the following calendar year.

Business Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Years of Experience \_\_\_\_\_

## LICENSED VEHICLE INFORMATION (attach a separate sheet if necessary)

Type of Vehicle \_\_\_\_\_ Make & Year \_\_\_\_\_ VIN (last five digits) \_\_\_\_\_

Other equipment to be used \_\_\_\_\_

Yes No

Do you have a licensed Arborist on staff? (If yes, please attach credentials.)

**Fee Required: \$35.00**

## INSURANCE REQUIREMENTS A certificate of insurance must be on file in the office of the Ames City Clerk before a license shall be issued.

- Comprehensive General Liability with limits of no less than \$500,000 combined single limit per occurrence for bodily injury, personal injury and property damage. The City of Ames must be named as additional insured and a copy of the current insurance certificate shall be maintained on file with the City Clerk.
- Automobile Liability with limits of no less than \$500,000 combined single limit per occurrence for bodily injury, personal injury and property damage.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return completed form to:

[renee.hall@cityofames.org](mailto:renee.hall@cityofames.org)  
 City Clerk's Office  
 City of Ames  
 PO Box 811  
 Ames, IA 50010

### For Office Use Only

#### Documents Received

Date: \_\_\_\_\_  
 \_\_\_ Completed Application

#### Fee

\_\_\_ Fee \$35.00  
 Date Fee Paid \_\_\_\_\_

#### Insurance

\_\_\_ Received \_\_\_\_\_  
 \_\_\_ Approved \_\_\_\_\_

#### Follow Up

\_\_\_ Application approved  
 \_\_\_ Permits database updated  
 \_\_\_ Permit Letter prepared  
 \_\_\_ Letter copied and mailed

Permit Numbers \_\_\_\_\_

#### Special Conditions:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### Application Denial Reasons:

\_\_\_\_\_  
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