



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:
grace.bandstra@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:

