



## Tree Trimmer License Application City Ordinance Chapter 8.14

Please print in dark ink and mail to Business Licensing Service

**Business Name:** \_\_\_\_\_  
Enter the name you will be doing business as. You must operate and advertise in the exact name listed.

**Parent Company Name:** \_\_\_\_\_  
(If Corporate Owned)

**Business Address:** \_\_\_\_\_  
(Cannot be a P.O. Box) Street # Street name Unit # City State Zip

**Mailing Address** \_\_\_\_\_  
(Can be a P.O. Box) Street # Street name Unit # City State Zip

**Phone:** ( ) - **Business Start Date:** \_\_\_\_\_

**Ownership** (Check One Only)

- Sole Proprietor   
  Partnership   
  Corporation   
  LLC  
 LLP   
  LP   
  Other:

**E-mail:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**OWNER'S OR PRINCIPAL'S NAME(S)**

**Name** \_\_\_\_\_ **Name** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **Home Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone #** \_\_\_\_\_ **Title** \_\_\_\_\_ **Telephone #** \_\_\_\_\_ **Title** \_\_\_\_\_

**PREVIOUS LICENSING INFORMATION**

Have you ever applied for this type of license before? \_\_\_\_\_ **If yes, provide the following information:**

a. Owner's name as it appeared on the license:

\_\_\_\_\_

b. Name of the business:

\_\_\_\_\_

c. Location of the business:

\_\_\_\_\_

Has your license ever been revoked? \_\_\_\_\_ If so, when? \_\_\_\_\_

Notes –

- **Bond Required** - Any license applicant shall deposit with the clerk a good and sufficient bond in the sum of ten thousand dollars conditioned that such applicant shall faithfully comply with the provisions of this chapter, and further conditioned to indemnify, save and keep harmless the city and its officers from any and all claims, damages, losses and actions, by reason of any acts or things done under or by authority or permission granted in this chapter.
- **Liability Insurance Required** - Any license applicant shall deposit with the clerk a policy of public liability insurance in the amounts of not less than fifty thousand dollars for damage to any one person, one hundred thousand dollars on account of one accident or event, and property damage coverage of not less than twenty-five thousand dollars which covers the licensing period. The policy shall provide that it cannot be terminated for any cause without fifteen days advance notice to the city. Upon receipt of a cancellation notice the city license shall be null and void.
- **Compliance with Iowa Workmen's Compensation Law** - Any license applicant shall deposit with the clerk satisfactory evidence of compliance with the requirements of the Iowa Workmen's Compensation Laws.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Fee - \$50.00 Charge Code 0213