



City Clerk's Office
 300 W. Ash, Rm. 206
 P.O. Box 736
 Salina, KS 67402-0736
 (785) 309-5735

| | |
|-----------------------------|---------|
| For office use only: | |
| Licensing Year: _____ | |
| License No.: _____ | |
| Date Issued: _____ | |
| NEW | RENEWAL |

APPLICATION FOR TREE AND SHRUB TRIMMING and/or TREATING LICENSE (3 years)

TREE TRIMMING
 TREE TREATING
 TREE TRIMMING & TREATING

COMPANY NAME _____

COMPANY ADDRESS _____ (Street) _____ (City) _____ (State) _____ (Zip)

MAILING ADDRESS _____ (Street) _____ (City) _____ (State) _____ (Zip)

COMPANY PHONE _____ FAX NUMBER _____ CELL PHONE _____

OWNERS NAME _____ OWNERS PHONE _____

VEHICLE AND EQUIPMENT STORAGE ADDRESS (INCLUDING CITY, STATE AND ZIP CODE) _____

LEGAL DESCRIPTION OF COMPANY ADDRESS _____

DESCRIPTION OF WORK PERFORMED _____

KANSAS PESTICIDE NUMBER _____ EXPIRATION DATE _____

INSURANCE INFORMATION

NAME OF INSURANCE COMPANY (LIABILITY) _____ AGENT'S NAME _____ AGENT'S PHONE _____
 NUMBER _____

AGENT'S ADDRESS _____ (Street) _____ (City) _____ (State) _____ (Zip)

In Accordance with Salina Code Sec. 39-113 a minimum of \$500,000 of public liability insurance is required and workers compensation may be required by the State of Kansas.

I agree to comply with all requirements of the Salina Code and regulations relating to the operation of such business. I agree my license may be revoked or suspended if I am found to have violated such requirements or regulations or if I have misrepresented any facts in this application.

Date _____ Signature _____

FOR OFFICE USE ONLY

| | | | |
|----------------------|------------|-------------------|--------------------------|
| | | | Good through 12/31 _____ |
| Amount Paid \$ _____ | Date _____ | Receipt No. _____ | Received by _____ |

Certificate of Zoning Official
(new applications only)

This is to certify that the above described property is zoned _____ and does/does not comply with the provisions of the zoning regulations of the City of Salina for the proposed use. _____ pre-existing _____ home occupation cert.

Date Zoning Administrator

Certificate of City Forester

This is to certify that the above applicant is certified according to required qualifications and competency.

Date City Forester

Certificate of City Clerk

The applicant has a current five-hundred thousand dollar (\$500,000) certificate of single limit public liability insurance on file in this office, as required in Section 39-113 of the Salina Code, expiration date.
Approved/Disapproved

Date City Clerk
