CITY OF IDAHO FALLS

APPLICATION FOR PRIVATE TREE SERVICE LICENSE

APPLICANT'S NAME: _____

ADDRESS: _____
Street or P. O. Box City State Zip

NAME OF COMPANY: _____

OWNER'S NAME: _____

ADDRESS OF COMPANY: _____

COMPANY AND PERSONAL TELEPHONE NUMBERS: _____

RESPONSIBLE CERTIFIED ARBORIST: _____

ISA CERT. NO.: _____

CERTIFICATE OF INSURANCE EXPIRATION DATE (Company Only): _____
(Certificate of Insurance must accompany Application.)
(Certificate of Insurance in the amount of not less than $500,000.00 Single Limit Liability is required for Contractor's License.)

SIGNATURE OF APPLICANT: _____

Approved this _____ day of _____, _____.

_____
Community Forrester

License Fee: $25.00 New ( ) Renewal ( )
(Fee must accompany application)

Receipt No. _____

Remit to: City of Idaho Falls
City Clerk's Office
P. O. Box 50220 or 308 Constitution Way
Idaho Falls, Idaho 83405