



Receipt No.: \_\_\_\_\_  
City License No.: \_\_\_\_\_  
Entered: \_\_\_\_\_  
Approved/Denied By: \_\_\_\_\_  
Approval/Denial Date: \_\_\_\_\_

### PRIVATE TREE SERVICE LICENSE APPLICATION

Annual License Fee: \$25.00

Business Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City State Zip

Mailing Address: \_\_\_\_\_  
(If different from above): Street City State Zip

Owner's Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Please include the following with the application:

1. Copy of certificate of insurance evidencing the applicant's current coverage of a commercial general liability policy, having limits of not less than a combined single limit of five hundred thousand dollars (\$500,000).
2. Copy of a certificate of insurance evidencing current Idaho workers' compensation insurance, having limits not less than the Idaho statutory limits.
3. Delivery of an affidavit signed by the applicant certifying that the applicant has within its employ or has contracted with an arborist certified by the International Society of Arboriculture ("ISA") for the term of the license.

Responsible Certified Arborist: \_\_\_\_\_

ISA Certification Number: \_\_\_\_\_

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

Date: \_\_\_\_\_