

Arborists License and Bond Application

OWNER INFORMATION					
Company Name:					
Name of Owner	Last Name:	First Name:			
Home Address	Street:	City:	State:	Zip:	
Mailing Address	Street:	City:	State:	Zip:	
Home Phone:		Business Phone:		E-Mail Address:	
If applicant consists of a partnership or corporation, the names of individuals comprising such a partnership or corporation must be furnished below. Attach additional sheets, if necessary.					
Last Name:			First Name:		
Mailing Address	Street:	City:	State:	Zip:	
Home Phone:		Business Phone:		E-Mail Address:	
Last Name:	First Name:		Last Name:	First Name:	
Mailing Address	Street:		Mailing Address	Street:	
Home Phone:	Business Phone:		Home Phone:	Business Phone:	
INSURANCE INFORMATION					
Public Liability: \$25,000 for bodily injury and \$5,000 property damage. Said insurance shall indemnify the city or any person for injuries or damages resulting from the pursuit of such endeavors as herein described. There shall be a provision incorporated in the policy notifying the City within ten (10) days if the policy is canceled. A copy of the certificate of liability insurance must be received by the city prior to issuance of license.					
Insurance Company Name:					

I HAVE READ A COPY OF ARTICLE 3, CHAPTER 13, OF THE CODE OF THE CITY OF KIOWA, AND ALL REQUIREMENTS THEREIN HAVE BEEN MET. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSE STATEMENT IN THE ABOVE ANSWERS WILL CONSTITUTE CAUSE FOR REVOCATION OF THIS LICENSE. FEES PAID FOR PROCESSING THIS APPLICATION ARE NOT REFUNDABLE OR PRORATED IN THE EVENT THIS LICENSE IS NOT APPROVED OR REVOKED FOR ANY REASON.

PLEASE INCLUDE A COPY OF CERTIFICATE OF LIABILITY INSURANCE

APPLICATION'S NAME (Printed)

APPLICANT'S SIGNATURE

TODAY'S DATE

Fee \$25.00

RECEIPT #

ARBORISTS LICENSE

20__

To All Whom It May Concern:

License is hereby granted to **[NAME]**

IN THE CITY OF KIOWA, BARBER COUNTY, KANSAS

This License will expire on **December 31, 20__**, unless sooner revoked, is not transferable, nor will any refund of the fee be allowed thereon. Given under our hands and the corporate seal of said City, on **[DATE]**.

OFFICIAL CITY SEAL

CITY ADMINISTRATOR

CITY CLERK