

# City of Coeur d'Alene Tree Service License Application

Owner Name \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ e-mail: \_\_\_\_\_  
State Tax Number: \_\_\_\_\_ Federal Tax Number: \_\_\_\_\_

List previous licenses in other jurisdictions, if any (give number, dates and location):

Are you familiar with the "Urban Forestry" ordinance (Chapter 12.36) as adopted by the City of Coeur d'Alene?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Are you familiar with the Coeur d'Alene's tree care standards\* ? \_\_\_\_\_ Yes \_\_\_\_\_ No

\* ANSI A300 for pruning; NAA standards for guying, fertilizing, spraying, and lightning protection;  
"Planting Trees for Communities Checklists for Success" for planting.

ISA Certified Arborist(s): \_\_\_\_\_ Certification # \_\_\_\_\_ Expiration date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please attach to the Application the following information**

- Resume of Contractor's Past Experience
- Payment of \$36.00 (pro-rated)
- Certificate(s) of Insurance (see check list, below)

**Check List for the Certificate(s) of Insurance**

	YES	NO
1. Copy of Liability Policy (Certificate of Insurance) attached.	_____	_____
2. Liability limits to cover a \$500,000 Combined Single Limit policy	_____	_____
3. Policy must cover terms of license (must be effective through October 1, annually)	_____	_____
4. City of Coeur d'Alene listed as additional insured (the words "additional insured" must appear on the Certificate of Insurance).	_____	_____
5. Cancellation Clause is to read as follows: "Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will mail 30 days written notice to the below named certificate holder."	_____	_____
6. Copy of Workman's Compensation Insurance provided (if contractor hires employees)	_____	_____

***The undersigned certifies under the penalties of perjury, that the facts stated in the foregoing application are true and correct.***

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

**For Municipal Use Only**

Date Approved: \_\_\_\_\_ Date Denied: \_\_\_\_\_  
License Number: \_\_\_\_\_ Reasons for Denial: \_\_\_\_\_  
Receipt Number: \_\_\_\_\_  
Date Paid: \_\_\_\_\_  
Insurance Agency: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Expiration Date of Policy: \_\_\_\_\_  
Urban Forestry Coordinator: \_\_\_\_\_  
Parks Director: \_\_\_\_\_