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, fertilization, supplemental support systems,and lightning protection;*

Community Canopy planting details for balled & burlap, container and bare root trees 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
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: _____

9/2009