



City of Hiawatha

APPLICATION: TREE TRIMMER
COMMERCIAL TREE SURGEON
ARBORIST

No. _____
Date _____
Approved _____

1. Business Name _____
Name of Applicant _____
2. Address _____
3. City/State _____ ZIP Code _____
Phone No. () _____ Cell Phone No. _____
4. Contractor _____ or _____ Individual *(Circle One)*
5. Qualifications: *Previous training and experience*

6. Have you ever been licensed in any other City prior to this application?
_____yes, where _____
_____no

NOTE: Each applicant is required to file proof of insurance for each license to provide liability insurance coverage for property damage, personal injury or death in the amount of not less than \$250,000. Said insurance policy shall be effective whether the tree trimming or tree cutting at any time of any accident was being performed by the licensee, his agent or employee. The annual license fee for each commercial tree trimmer or tree surgeon shall be \$25.00 per year, and each such license shall be valid for one year after its date of issuance, unless it is revoked.