

# 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: \_\_\_\_\_