



## ARBORIST LICENSE APPLICATION

NAME OF AGENT APPLYING: \_\_\_\_\_

ADDRESS OF AGENT:

\_\_\_\_\_

EMAIL AND PHONE:

INSURANCE PROVIDER NAME & ADDRESS: \_\_\_\_\_

---

(Copy of Certificate of Insurance Attached)

BODILY INJURY (\$150,000) AMOUNT CARRIED: \_\_\_\_\_

PROPERTY DAMAGE (\$600,000) AMOUNT: \_\_\_\_\_

CARRIED: \_\_\_\_\_

DATE LICENSE ISSUED: \_\_\_\_\_

AMOUNT RECEIVED:

\$ \_\_\_\_\_

Issued by: \_\_\_\_\_

City Clerk, City of Salida 448

448 East 1<sup>st</sup> Street, Suite 112

Salida, CO 81201

(Salida Municipal Code, Article IV. ARBORIST LICENSE, Sections 6-4-10 through 6-4-40)

**LICENSE FEE: \$100.00**