

TREE REMOVER LICENSE APPLICATION FORM

New Renewal

Name of Business: _____

Type of Ownership: _____ (Sole Proprietor, Partnership, Corporation, Other)

Name of Owner: _____

If Corporation, Registered Agent's Name: _____

Business Address: _____

City, State, & Zip Code: _____

Phone #: _____ Number of years in business: _____

Kansas Sales Tax #: _____ Federal Tax ID #: _____

List 3 work references which work has been done within the past 2 years including address and phone numbers:

1. _____
2. _____
3. _____

Are you familiar with the City of Phillipsburg codes? Yes No

Have you provided the City with a Certificate of Insurance issued by a company authorized to do business in the State of Kansas? (\$25,000 for bodily injury and \$5,000 for property damage indemnifying Phillipsburg or any person injured or damaged against any loss or damage of any kind or description resulting from the pursuit of such business or occupation.) Yes No

All licenses shall be renewable annually on or before the first day of January each year. The license fee will not be prorated for a partial year.

I declare that this application has been examined by me, the statements made herein are made in good faith pursuant to the city of Phillipsburg's City Code, and to the best of my knowledge are true, correct, and accurate. A fee of \$25 must be included with the application.

Name: _____ Title: _____ Date: _____