

**CITY OF ALLIANCE**  
**APPLICATION FOR ARBORIST LICENSE**  
**(Codified Ordinance 159.20)**  
**(Ordinance 91-92)**

Date: \_\_\_\_\_

Name of Person or Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

Workmen's Compensation Certificate attached? \_\_\_\_\_

Liability Insurance (original copy) attached? \_\_\_\_\_

(in the minimum amount of \$100,000 for bodily injury  
and \$100,000 for property damage indemnifying City  
of Alliance for any person injured or any damage)

Annual Fee (\$25.00) attached? \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title

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Note: No license shall be required of any public service endeavor. If applicable, state public service endeavor for waiver of license: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title

Public Service Endeavor accepted (no license required)

\_\_\_\_\_  
Mayor or Designated Representative