

**APPLICATION FOR TREE SURGEON'S OR PRUNER'S LICENSE
CHAPTER 947.04 CITY CODIFIED ORDINANCES**

1. Name (Business): _____

Business Phone: _____.

2. Address: _____

3. Applicants qualifications and experience in tree surgery:

4. List three (3) references where trees were pruned: Name, address and phone number:

1)

2)

3)

5. Applicant agrees to comply with all the provisions set forth in Chapter 947.04 of the Codified Ordinances of the City of Marietta, Ohio, and any amendments thereto as hereinafter made.

6. Applicant agrees to save the City harmless against all losses and claims for damage to persons or property caused by the trimming, pruning or removal of trees.

7. Applicant shall provide evidence of commercial liability insurance for bodily injury and property damage in the combined single limit amount of \$1,000,000.00 and of Bureau of Workers' Compensation coverage.

8. TREE COMMISSION ENDORSEMENT:

Tree Commission Member _____

9. Approval for license granted this _____ day of _____ 20____.

Robert G. Boersma
Safety-Service Director

10. \$5.00 license fee attached _____.

