City of **MUNCIE**

Parks Department

Arborist License Application

Name of Applicant _____ Name of Business _____

Are you the business owner? Yes ☐ / No ☐ If not, list business owner name(s) _____

Address of business _____

Phone Number _____ E-mail Address _____

Website _____ Can this information be provided to the public? Yes ☐ / No ☐

insurance Provider Name _____ Policy Number _____

Address _____

Phone Number _____ Contact Person _____

I swear and affirm that the foregoing information is true and accurate to the best of my knowledge.

Signature _____

Print name _____

Attach Copy of Certificate of Insurance

(This section for official use only)

License Fee (1st Time Applicant $100.00, Renewal $75.00) _____ Date paid _____

Applicant has participated in Parks Dept. Arborist Training Yes ☐ / No ☐ Date _____

If no, list or attach proof of approved training _____

License # _____ License Issued on _____ License Expires on _____

Application Approved _____, Kellie McClellan, City of Muncie--Urban Forester

(Municipal Code Chapter 97) Original to be kept on file by Urban Forester --- Copy to be provided to Applicant

Muncie

Great Expectations, Excellent Results.

1800 South Grant Street - Muncie, Indiana 47302 - (765) 747-4858