

PLEASE READ INSTRUCTIONS THOROUGHLY!

Please complete the attached Arborist License application and return it with the following items to the City of Jamestown, 102 3rd Avenue SE, Jamestown, ND 58401:

1. Initial license fee of \$250.00 - Renewal fee of \$85.00
(Check should be made payable to the City of Jamestown)
2. License Bond or Continuation Certificate to the City of Jamestown in the amount of \$10,000.00 with the expiration date of December 31st to concur with the license expiration date. The signatures of the principal and the Attorney-in-Fact must be notarized.
No Copies accepted – Original Bonds & Signatures only
3. Workers Compensation Certificate
4. Liability Insurance Certificate
5. Certification from International Society of Arboriculture or equivalent.

CITY OF JAMESTOWN
102 3RD AVENUE SE
JAMESTOWN, NORTH DAKOTA 58401

TELEPHONE 701-252-5900
FAX 701-252-5903

**APPLICATION FOR ARBORIST LICENSE
JANUARY 1ST THROUGH DECEMBER 31ST**

LICENSE FEE: \$250.00 Initial Fee
\$ 85.00 Renewal Fee

LICENSE BOND: \$10,000.00
(License Bond should expire on Dec. 31st to concur with license expiration date.)

1. LICENSE IS TO BE ISSUED TO THE FOLLOWING NAMED:
(Should be the same as the name that appears on the Bond)

INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION _____

2. MAILING ADDRESS: _____

CITY STATE ZIP CODE

3. BUSINESS PHONE NO. _____ **HOME PHONE NO.** _____
CELL PHONE NO. _____

4. COPIES OF THE FOLLOWING MUST BE ATTACHED TO THIS APPLICATION:

- A. Worker's Compensation Certificate
- B. Liability Insurance Certificate
- C. Certification from International Society of Arboriculture or equivalent.

5. HAS THE APPLICANT EVER HAD A LICENSE REVOKED OR CANCELLED BY ANY MUNICIPAL, STATE, OR FEDERAL AUTHORITY, AND IF SO, THE DATE OF SUCH CANCELLATION, THE PLACE AND AUTHORITY CANCELLING SAME, AND THE REASONS FOR SUCH CANCELLATION:

DATE: _____

SIGNATURE: _____

TITLE: _____