



**ARBORIST LICENSE APPLICATION**

NAME OF AGENT APPLYING: \_\_\_\_\_

ADDRESS OF AGENT: \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

INSURANCE PROVIDER NAME AND ADDRESS: \_\_\_\_\_

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(Copy of Certificate of Insurance Attached)

BODILY INJURY (\$150,000) AMOUNT CARRIED: \_\_\_\_\_

PROPERTY DAMAGE (\$500,000) AMOUNT CARRIED: \_\_\_\_\_

DATE LICENSE ISSUED: \_\_\_\_\_

AMOUNT RECEIVED: \$ \_\_\_\_\_

Issued by: \_\_\_\_\_

Deputy City Clerk, City of Salida  
448 East 1<sup>st</sup> Street, Suite 112  
Salida, CO 81201

**LICENSE FEE: \$100.00**

**(Salida Municipal Code, Article VII TREES, Sections 7-7-10 through 7-7-90)**