



ARBORIST LICENSE APPLICATION

NAME OF AGENT APPLYING: _____

ADDRESS OF AGENT: _____

PHONE NUMBER: _____

INSURANCE PROVIDER NAME AND ADDRESS: _____

(Copy of Certificate of Insurance Attached)

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

PROPERTY DAMAGE (\$600,000) AMOUNT CARRIED: _____

DATE LICENSE ISSUED: _____

AMOUNT RECEIVED: \$ _____

Issued by: _____

Deputy City Clerk, City of Salida
448 East 1st Street, Suite 112
Salida, CO 81201

LICENSE FEE: \$100.00

(Salida Municipal Code, Chapter 6, Article IV Arborist License, Sections 6-4-10
through 6-4-40)