



**BUSINESS LICENSE  
SUPPLEMENT  
Commercial Tree Services**

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Required Verification:**

State Contractor's License #: \_\_\_\_\_

Certified Arborist #: \_\_\_\_\_

Training Required:      YES \_\_\_\_\_      NO \_\_\_\_\_

Pass/Fail: \_\_\_\_\_      Date Verified: \_\_\_\_\_

As owner/agent of the above business, I hereby attest that the information is accurate.  
I further attest that I have read the Tree Ordinance and am familiar with ALL regulations  
contained within.

Signature: \_\_\_\_\_      Date: \_\_\_\_\_

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City Use Only

Planner Sign-Off: \_\_\_\_\_

Date: \_\_\_\_\_