



Submit Application to:
 Caldwell Parks Department
 618 Irving Street
 Caldwell, ID 83605
 Phone: (208) 455-3060
 Fax: (208) 454-5573



APPLICATION TREE CONTRACTOR'S LICENSE

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|--|---------------|
| Business Name | Date |
| Street Address | Fax |
| City State | Phone |
| Applicant's Name | E-mail |
| <p>If the enterprise is a corporation, please list the names of officers, their addresses, and the State in which the corporation is filed.</p> | |
| <p>If the enterprise is a partnership, please list the names of officers and their addresses:</p> | |
| <p>Please provide information about the years of experience in the green industry, according the following categories:</p> | |

| | | |
|---|--------------|------------------|
| Planting: | Trimming: | |
| Tree Removal: | | |
| Please list the relevant equipment that your company relies upon for accomplishing tree work: | | |
| Equipment #1 | Equipment #2 | |
| Equipment #3 | Equipment #4 | |
| Equipment #5 | Equipment #6 | |
| Is the applicant familiar with the following ordinances? | | |
| Caldwell Landscape Ordinance? | YES NO | |
| *Dutch Elm Disease Ordinance? | YES NO | |
| *Tree Ordinance? | YES NO | |
| Tree Trimmers Ordinance? | YES NO | |
| List of individuals with your company who have the International Society of Arboriculture (ISA) Certified Arborist status and will be performing or overseeing the work. (Please attach a copy of their current certificate or card) | | |
| Name: | ID Number: | Expiration Date: |
| Name: | ID Number: | Expiration Date: |
| Name: | ID Number: | Expiration Date: |
| Name: | ID Number: | Expiration Date: |
| Name: | ID Number: | Expiration Date: |
| Please identify other credentials, which the business possesses that aid to qualify experience. | | |
| #1 | | |
| #2 | | |
| #3 | | |

| REQUIRED ATTACHMENTS FROM THE APPLICANT [N] | |
|--|---|
| | Certificate or card from International Society of Arboriculture |
| | Proof of insurance for business |
| | Proof of worker's compensation insurance |
| | Application Fee |
| Applicant's Signature: | Date: |
| City Forester's Signature: | Date: |
| Approved: | Denied: |
| Basis for Denial: | |
| NOTE: In the event that the application is denied, the applicant is afforded an opportunity to appeal. | |

Acknowledgements

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|----------------------|--|
| Applicant's Initials | |
| | <p>PUBLIC LIABILITY AND PROPERTY DAMAGE INSURANCE:</p> <p><i>Applicant shall obtain general public liability coverage (not less than \$500,000 for each individual, \$1,000,000 for each occurrence and \$500,000 property damage.) The policy shall name and protect the applicant and the City of Caldwell against all claims, losses, actions, or judgments for damages or injuries to persons or property. .</i></p> <p><i>Applicant shall provide a certificate of insurance at time of application submittal indicating the City of Caldwell as the certificate holder and the additional insured with respect to their license.</i></p> <p>Applicant understands the Public Liability and Property Damage Insurance requirement and has provided the required insurance documents as stated above as an attachment to this application.</p> |
| | <p>TREE ORDINANCE:</p> <p>Applicant has been provided with a copy of the Tree Ordinance, Dutch Elm Disease Ordinance, Tree Trimmers Ordinance, and the Caldwell Landscape Ordinance and acknowledges reviewing these documents.</p> |
| | <p>COMPLIANCE WITH ORDINANCES:</p> <p><i>Applicant understands his/her responsibility to comply with the provisions of the Tree Ordinance, Dutch Elm Disease Ordinance, Tree Trimmers Ordinance, and the Caldwell Landscape Ordinance.</i></p> |
| | <p>APPLICATION FEE:</p> <p>Applicant has attached the appropriate application fee with this application.</p> |
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