



## ARBORIST LICENSE APPLICATION

Business Name \_\_\_\_\_

Owner(s) Name \_\_\_\_\_

\_\_\_\_\_

Address (Business) \_\_\_\_\_

Address (Residence) \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

If the applicant is an association, partnership or joint venture or corporation, such information concerning the operators, partners, principal backers, officers, directors and stockholders or twenty-five (25) percent or more of the outstanding stock, If a Corporation:

\_\_\_\_\_  
\_\_\_\_\_

Date of Formation and Authorization to do business in State of Oklahoma:

\_\_\_\_\_

Have you (all applicants) ever been convicted of any crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been in business in Claremore presently or previously?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, Describe \_\_\_\_\_

\_\_\_\_\_

Statement:

I/We understand if a material misstatement of fact is made in any application provided for in this section, it shall be grounds for denial of issuance of the license or revocation of any license issued to that applicant.

**Annual License Fee: \$25.00**

License shall expire on June 30 of each year. Applications for renewal may be submitted along with the appropriate annual fee as herein provided at any time prior to thirty (30) days before the date of expiration.

Application shall include evidence of possession of liability insurance in the minimum amounts of \$5,000 for bodily injury and \$5,000 property damage indemnifying the city or any person injured or damaged resulting from the pursuit of such endeavors as herein described.

Signed \_\_\_\_\_

\_\_\_\_\_

Dated \_\_\_\_\_