City of Louisville

PARKS AND RECREATION

Application for Arborist License

City License Fee: ☐ **$41.00** *(yearly certification January 1 through December 31 of current year)* **City License #:** ☐

Applicant Name: _____

Company Name
Doing Business As (DBA): _____

Business Address:
(Street, City, State, Zip) _____

Mailing Address *(if different):*
(Street, City, State, Zip) _____ **Website:** _____

Local Business Phone: _____ **Cell Phone:** _____

Email: _____ **Fax:** _____

Home Address:
(Street, City, State, Zip) _____

Owner(s)Name: _____ **Phone** _____

(if different than individual applying for license) _____ **Phone** _____

Date Business Started: _____ **Date of Start in Louisville:** _____

Federal Tax I.D. Number: _____ **Are you a sole proprietor:** **YES** ☐ **NO** ☐

Certificate of Liability Insurance: **Carrier:** _____
Minimum Requirements: Colorado Workers Compensation as required by State Law, $100,000 bodily injury to any one person,$300,000 bodily injury for any one occurrence, and $100,000 property damage.
(Attach Certificate for City of Louisville)

I have read and understand the requirements for the city of Louisville Arborist license. **YES** ☐ **Initials:** ☐

Are you a certified arborist? **YES** ☐ **NO** ☐

Please provide professional certification, organization, certificate number, and Date of Expiration (Attach copy of card to this application).

If you or your company will be working within the City Right of Way (ROW), a ROW permit must be obtained from the Public Works & Engineering Department. Visit the Right-Of-Way & Easement Permits web site for ROW requirements or contact the Public Works Engineering Division at 303.335.4608.

_____
Applicant Signature and Title

I declare under penalty of perjury that the statements made in this application are true and complete to the best of my knowledge, and I certify all tree work will be performed under the direct supervision of a qualified arborist and I will comply with ANSI Standards.

_____
Applicant Signature

FOR OFFICE USE ONLY:

☐ New Application ☐ Renewal City License Expires: _____

RETURN COMPLETED FORM WITH PAYMENT AND ATTACHMENTS TO CHRIS LICHTY, PARKS & RECREATION, 739 S. 104th Street, LOUISVILLE, CO 80027, 303-335-4733 or fax to 303-335-4758 or email to chrisl@louisvilleco.gov