

CITY OF ROCK ISLAND

LICENSE APPLICATION



TREE TRIMMING/TREE REMOVAL

License Year: May 1 through April 30

New Application _____
Fee: \$100/per year

Renewal _____

APPLICANT INFORMATION

BUSINESS NAME	ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NO.				

NAME – OWNER	HOME ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NO.				

Number of employees: _____

If business has employees other than family members, you are required to have **Worker's Compensation** insurance.

If owner is a partnership, list names and addresses of all partners. If owner is a corporation, list names and addresses of all officers. (use separate sheet if needed)

I agree to comply with the regulations as determined by the Ordinances of the City of Rock Island, and have attached to this application a Certificate of Insurance which includes: **Public Liability - \$25,000 per person, \$50,000 per accident, \$20,000 property damage and Workmen's Compensation Insurance if required.**

Signature of Applicant

Date of Application

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I would like to be included in the bid process for the annual City Tree Trimming/Removal Contract.

YES _____ NO _____

DO NOT WRITE BELOW THIS LINE...TO BE COMPLETED BY THE CITY CLERK'S OFFICE

Insurance information provided: Yes: _____ No: _____ WCI: _____

City Clerk Approval Date

License Fee

License Fee Receipt Number

License Number

License Printed Date

License Delivery Date

**Return Completed Application to:
City Clerk's Office, 1528 3rd Avenue, Rock Island, IL. 61201
(309) 732-2010**