APPLICATION FOR TREE SERVICE PROFESSIONALS LICENSE

FEE: $50.00

_____
NAME OF APPLICANT

_____ _____
NAME OF FIRM **TELEPHONE NUMBER**

_____
ADDRESS OF FIRM

NAME OF EACH MEMBER OF FIRM:

_____

_____

_____

I hereby agree to comply with all the Ordinances for the City of Hampton, Iowa, and/or the State Code pertaining to tree trimming within the City of Hampton.

I shall also file a certificate of insurance indicating that the applicant is carrying current liability insurance in effect covering the applicant and all agents and employees for the following minimum amounts:

1. **Bodily Injury - $50,000.00 per person; $100,000.00 per accident.**
2. **Property Damage - $50,000.00 per accident.**

I understand that failure to obtain a license as required by Chapter 125, LICENSING OF TREE SERVICE PROFESSIONALS, of the Code of Ordinances, Hampton, Iowa, constitutes a municipal infraction under Chapter 4 of the Code of Ordinances, punishable by a penalty up to $500.00 for first offense and up to $750.00 for each repeat offense.

_____ _____
SIGNATURE OF APPLICANT **DATE**

_____
_____

(OFFICE USE ONLY)

License # _____ issued this _____ day of _____, 20_____

will be in effect for one year from the date of issue. **Previous License Valid Through: _____, 20____**

License Fee Receipt # _____

_____
SIGNATURE OF CITY MANAGER OR CODE ENFORCEMENT OFFICER