

CITY OF CHEYENNE
BUSINESS LICENSE APPLICATION



TREE MAINTENANCE BUSINESS

ANNUAL/NONREFUNDABLE LICENSE FEE: \$90.00 per year

LICENSE # _____

New Application: Change of Ownership \$30.00 Change of Location \$30.00

Tree Maintenance: Pesticides/Fertilizers: Both:

This application is for a license to operate a tree maintenance business and/or to apply pesticides/fertilizers, externally or internally, to trees and shrubs (Ordinance No. 3614 and 3615). All licensees must comply with the provisions of Title 5 and Chapter 12.16, as amended, of City Code.

ATTACH THE FOLLOWING IF APPLICABLE:

_____ City of Cheyenne Urban Forestry Exam results/evaluation (may be provided by City Forestry Division staff).

_____ Copy of International Society of Arboriculture (I.S.A.) certified Arborist certificate or tree worker designation held by business owner or an active full-time employee. (This requirement is effective April 1, 2006)

_____ Copy of applicant's Wyoming Commercial Pesticide Applicator's certification from the Wyoming Department of Agriculture. (Applicable to Tree Maintenance businesses applying pesticides/fertilizers, externally or internally, to trees and shrubs)

_____ Copy of Commercial General Liability Insurance Certificate indicating minimum coverage of \$100,000 per occurrence, minimum general aggregate amount of \$300,000. City of Cheyenne, Office of City Clerk, must be named as a certificate holder; notice of cancellation within 30 days effectiveness required.

_____ If applicable, proof of Wyoming Workers' Compensation Insurance Coverage.

APPLICANT NAME: _____

ADDRESS/CITY/STATE/ZIP: _____

TELEPHONE #: _____ FAX #: _____

MAILING ADDRESS (if different from above): _____

BUSINESS NAME: _____

ADDRESS/CITY/STATE/ZIP: _____

CELL PHONE #: _____ TELEPHONE #: _____ FAX #: _____

MAILING ADDRESS (if different from above): _____

AFFIDAVIT/AUTHORIZATION

The undersigned applicant hereby authorizes the City of Cheyenne and its agents and employees to seek information and conduct investigations into the truth of the foregoing statements as set forth in this application, and agrees to comply fully with the rules and regulations of the City of Cheyenne, Wyoming, governing the license requested, and further declares that the foregoing information contained in this application is true and correct.

Applicant Signature

Date

STATE OF WYOMING)
) ss
County of Laramie)

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

SEAL

My commission expires: _____

This application is available in alternative, accessible formats upon request.

APPROVALS:

The Mayor and City Clerk will provide written approval only after all other approvals have been obtained. The City Clerk's staff will acquire these approvals for applicants.

Zoning: _____
(2101 O'Neil Avenue, Room 202/637-6282)

Forestry: _____
(520 W. 8th Ave./637-6428)

Risk Manager: _____
(2101 O'Neil Avenue, Room 102/637-6333)

City Clerk: _____
(2101 O'Neil Avenue, Room 101/638-4301)

FOR USE BY CITY CLERK'S OFFICE:

BY: _____

M/R # _____ **FEE PAID \$** _____ **DATE PAID:** _____ **DATE ISSUED:** _____

COMMENTS: _____
