



CITY OF WATERVILLE

25 North Second Street
Waterville, Ohio 43566-1491
419-878-8100

ARBORIST APPLICATION & LICENSE

Waterville Codified Ordinances Section 907.12

PLEASE PRINT

Company Name _____
Arborist Name _____

Arborist Title with Company _____ Phone Numbers _____ Office _____
Cell _____

Company Address _____
Number Street City State Zip

Email Address _____

The following items **must** be attached and are made a part of this Application:

1. Current State of Ohio Workers' Compensation Certificate
2. Current Liability Insurance Certificate (Minimum \$300,000 Bodily Injury & \$100,000 Property Damage) Naming the City of Waterville as an Additional Insured)

It is the Applicant's responsibility to provide a new current Certificate to the City if a Certificate expires during the License period.

By signing this Application, the Applicant hereby certifies that they have read and are familiar with the American National Standards Institute Tree Care Standards and the regulations of Chapter 907 of the Waterville Codified Ordinances, that they will comply with said standards and regulations, and that all their statements made herein are true and correct. Noncompliance with these standards and regulations or providing false Application information may result in revocation of this License and/or penalties as provided in Codified Ordinances Section 907.99.

Signature of Arborist (Applicant) Date _____

LICENSE FOR CALENDAR YEAR 20 _____

This License expires on December 31 of the year issued.

This License is only valid during the time the Applicant has provided the City with current Certificates as specified above.

Fee: \$ _____ Receipt # _____ Date _____

Reviewed and Recommended by: Assistant Public Works Director _____ Date _____

Public Works Director: _____ Date _____

APPROVAL

Municipal Administrator _____ Date _____