



**CITY OF WELLINGTON, KANSAS  
APPLICATION FOR TREE TRIMMER LICENSE**

Date \_\_\_\_\_

*Return all applications to the Building Inspection Department.*

**All Tree Trimmer licenses expire December 31<sup>st</sup> of the year they are issued.**

COMPANY NAME \_\_\_\_\_  
NAME OF QUALIFIED PERSON \_\_\_\_\_  
BUSINESS ADDRESS \_\_\_\_\_  
BUSINESS TELEPHONE \_\_\_\_\_ HOME TELEPHONE \_\_\_\_\_  
BUSINESS FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

**Give description, type and extent of work you will be performing under this License:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I understand that the required annual fee of \$25.00 and a Certificate of Insurance, listing City of Wellington as a certificate holder, must accompany this application.**

*I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand a false statement in answering the questions is justification for revocation of a license.*

\_\_\_\_\_  
*Signature and Title*