

Arborist LicenseAPPLICATION
YEAR: 2024 FEE: \$30.00**CITY OF
FRANKLIN**CITY CLERK'S OFFICE
430 THIRTEENTH STREET
FRANKLIN, PA 16323

The following information is necessary for our records and will be held in the strictest confidence.
ALL QUESTIONS MUST BE ANSWERED IN FULL. Use Reverse side if necessary.

Federal Account Number or Social Security
Number

Type of Organization (CHECK ONE)

Individual Proprietorship Association
Corporation Fiduciary Partnership

Name of Business

Address (Street, City, State, Zip Code)

Business Phone
Number

Owners Name

Address (Street, City, State, Zip Code)

Phone Number

Type of Business

Mercantile License Number

Proof of Insurance **MUST BE ATTACHED**

Insurance Effective Date

Insurance Expiration Date

\$300,000.00 Liability (minimum)

\$25,000.00 Property Damage (minimum)

Insurance Company

Insurance Policy Number

I certify that all the information and statements are true and correct to the best of my information, knowledge and belief, and that I have read and understand the Shade Tree Ordinance of the City of Franklin attached hereto.

SIGNATURE

DATE

FOR OFFICE USE ONLYCASH CHECK MONEY ORDER CREDIT CARD

ARBORIST LICENSE NUMBER

DATE RECEIVED

BY