

**CITY OF MULVANE APPLICATION
FOR ARBORIST / TREE REMOVAL LICENSE**

Name of person/company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Amount Received: _____

License #.: _____

Insurance Company: _____

Insurance Certificate: _____

Insurance Expiration Date: _____

Date of Business Issuance: _____

Date of Business Expiration: _____

Attention: _____

An Arborist/Tree Removal Licensee agrees to engage in the business or occupation of pruning, treating or removing trees within the City of Mulvane, Kansas. A fee for such license is \$50.00 annually and is valid for twelve (12) months from the date of issue. A current insurance certificate for \$50,000.00 bodily damage and \$100,000.00 must be on file at the Mulvane City Building prior to company performing work.

CITY OF MULVANE
211 N. SECOND
MULVANE, KS 67110
316-777-1143

Notes: