



City of
BELPRE
OHIO

715 Park Drive PO Box 160 Belpre OH 45714 740.423.7592 www.cityofbelpre.com

Tree Trimming/Surgeon License Application

Applicant Information

- Business Name: _____
- Business Owner: _____
- Business Address: _____
- Phone Number: _____
- Email Address: _____

Resume Submission

Please attach a resume reflecting your **experience, capability, and training** in:

1. Pruning
2. Identification of insects and disease
3. Fertilization of trees

Insurance Information

Please attach a **certificate of insurance** reflecting the following:

- The City of Belpre is named as a **co-insured**.
- Insurance covers:
 - **\$150,000** property damage
 - **\$1,000,000** liability for personal injury
 - Certificate of **Workers' Compensation** for personnel

Application Fee

- A non-refundable fee of \$20.00 must be included with this application.
- **Amount Paid:** \$ _____ **Payment Method:** Cash / Check / Credit **Date of Payment:** _____

Acknowledgement

By signing below, I certify that the information provided is accurate to the best of my knowledge. I also agree to comply with the City of Belpre's ordinances regarding tree trimming and care, and I acknowledge that my license is subject to revocation if I violate any provisions of **Ordinance 737**.

Applicant Signature: _____

Date: _____

For Office Use Only

- **Application Received Date:** _____
- **Referred to Tree Commission:** Yes / No
- **Tree Commission Review Date:** _____
- **Findings:** Approved / Denied
- **Approval Signature:** _____
- **License Number:** _____
- **Date of License Issuance:** _____