

# TREE TRIMMER BUSINESS LICENSE APPLICATION



City of Burlington  
400 Washington Street  
Burlington, IA 52601

Katie Music, CMC - City Clerk

City Clerk's office - (319) 753-8124

Effective January 1<sup>st</sup> thru December 31<sup>st</sup>  
Yearly License - \$60.00

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
address city state zip

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_  
address city state zip

Business Phone No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Type of Ownership: (please check one)

Corporation     LLC     Sole Proprietor     Partnership

**List All Owners, Partners and Corporate Members (Attach additional sheets if necessary):**

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Full Name: \_\_\_\_\_ % of Ownership \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone No. \_\_\_\_\_

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Full Name: \_\_\_\_\_ % of Ownership \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone No. \_\_\_\_\_

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Full Name: \_\_\_\_\_ % of Ownership \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone No. \_\_\_\_\_

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Full Name: \_\_\_\_\_ % of Ownership \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone No. \_\_\_\_\_

**Vehicles Used for Tree Work:**

Submit copies of ownership of vehicles. Proof of insurance, vehicle registration, vehicle title, etc.

Year \_\_\_\_\_ Make/Model \_\_\_\_\_ License Plate No. \_\_\_\_\_

Year \_\_\_\_\_ Make/Model \_\_\_\_\_ License Plate No. \_\_\_\_\_

Year \_\_\_\_\_ Make/Model \_\_\_\_\_ License Plate No. \_\_\_\_\_

Year \_\_\_\_\_ Make/Model \_\_\_\_\_ License Plate No. \_\_\_\_\_

Year \_\_\_\_\_ Make/Model \_\_\_\_\_ License Plate No. \_\_\_\_\_

**Chemical Treatment Information:**

Will you be using chemical substances in any activity related to treatment or disease control?

Yes       No

Pesticide License Number: \_\_\_\_\_

*\* If **YES**, Iowa Department of Agriculture Commercial Pesticide Applicator's certificate copy must be attached.*

The City recommends **all** trees being chemically treated be treated by means of foliar spraying or trunk injection. All right-of-way trees being chemically treated **must** be treated by means of foliar spraying or trunk injection. **(No soil drenching)**

**ISA Certified Arborist:**

If you or one of your staff members is an International Society of Arboriculture Certified Arborist (ISA Certified Arborist) licensed within the application year, you qualify for a 50% reduction in the annual fee.

Yes       No

Name \_\_\_\_\_

Certification Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

\* An International Society of Arboriculture Certified Arborist certification copy must be attached.

The City will indicate this information on the Licensed Tree Contractors list to residents.

**Notice and Signature:**

This application is not transferable and is issued subject to all applicable City Codes, rules, regulations and provisions of law enacted by Municipal, State or Federal authority and may be revoked upon violation of any of the above stipulations.

I certify that the information provided on this form is accurate and complete.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Tree Contractor License Code of Ethics**

1. As a tree care professional, and Tree Maintenance License holder, I promise to perform in a professional and responsible manner by being honest and complying with local, county, state and federal laws and regulations.
  
2. Doing business as a tree care professional has inherent safety risks that require training and practice. As a Tree Maintenance License holder I will strive to provide safety training that protects tree workers, customers and property.
  
3. As a Tree Maintenance License holder, I will use my skills and knowledge of the care and maintenance of trees to protect the trees and tree canopy in the City of Burlington for future generations. I will also assume responsibility to train and ensure that all of my employees abide by the same standards.
  
4. The field of arboriculture evolves and changes its “best management practices” with new knowledge. As a Tree Maintenance License holder, I agree to stay current with the latest techniques, practices and research in the tree care industry and field of arboriculture staying current with industry standards for tree care and safety (ANSI A300 & Z-133).

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **TREE CONTRACTOR LICENSING REQUIREMENTS**

**LICENSE REQUIRED:** No person shall conduct as a business the cutting, trimming, pruning, removal, spraying, or treating of trees or shrubs without first having secured a license from the City of Burlington to conduct such business.

### **APPLICATION FOR LICENSE, FEES AND EXPIRATION:**

1. Application for a license can be made at City Hall, 400 Washington St. Burlington, Iowa 52601
2. License fee is **\$60.00**. If you or one of your staff members is an International Society of Arboriculture Certified Arborist (ISA Certified Arborist) licensed within the application year, you qualify for a 50% reduction in the annual fee.
3. All licenses issued under the provisions of this Chapter shall expire on December 31 following the date of issue.

**LIABILITY INSURANCE:** No license or renewal shall be granted, nor be effective, until the applicant files with the City of Burlington proof of a General Liability insurance policy covering all operations of such applicant under this section for the sum of at least **\$100,000** against liability for bodily injuries for each person injured from an accident, **\$300,000** for each occurrence, for at least **\$50,000** against liability for damage or destruction of property, and **\$25,000** for Automobile Liability. **The City of Burlington must be listed as additional insured.**

### **WORKER'S COMPENSATION INSURANCE:**

- a. Workers Compensation required for all employees, including family members.
- b. Partnerships must supply: copy of last year's tax return showing partnership.  
New partnerships must supply - articles of partnership from their attorney

**CHEMICAL TREATMENT REQUIREMENTS:** Applicants who propose to use pesticides in any activity related to treatment or disease control of trees shall file with the City of Burlington proof that the applicant or an employee of the applicant administering such treatment has been certified by the State Department of Agriculture as a commercial pesticide applicator. All boulevard trees that will be chemically treated must be treated by means of spraying or trunk injection (no soil drenching).

**SAFETY REGULATIONS REQUIREMENTS:** All contractors licensed under the provisions of this section must abide by all ANSI (American National Standards Institute) and OSHA (Occupational Safety and Health Administration) regulations while operating as a business within the City limits.

**IDENTIFICATION:** At the time a license is issued, the applicant shall be furnished with a license for each vehicle that will be used on any job site. License must be displayed at all times while operating as a business within the City limits.

**IOWA SALES TAX PERMIT:** Must show proof of permit.

**REVOCAION OF LICENSE:** Failure to comply with any part of the Tree Contractor License shall be grounds for revocation of the license by the City Clerk.

### **PRO-RATED FEES: Available for NEW businesses only.**

January – March - \$60.00

April – June - \$45.00

July – September - \$30.00

October – December - \$15.00