



CITY OF MOLINE

APPLICATION FOR TREE TRIMMER LICENSE
Municipal Code Chapter 32

[] New Application [] Renewal

FEE: \$50.00

DATE _____

Applicant's Business Name: _____

Business Location Address: _____

City, State & Zip: _____

Mailing Address: _____

Mailing City, State & Zip: _____

E-Mail _____

Telephone #(s) _____

Applicant's type of business:

() Sole Proprietorship () Partnership () Corporation

Applicant(s), Owner(s), Corporate Officers, or General Partners:

Table with 3 columns: Name, Residence Address, Title. Includes three horizontal lines for data entry.

PLEASE ATTACH A CERTIFICATE OF INSURANCE WITH COVERAGE TO PUBLIC LIABILITY OF \$500,000 EACH OCCURRENCE AND \$1,000,000 TOTAL ANNUAL AGGREGATE LIMIT WITH COVERAGE TO INCLUDE BODILY INJURY, PROPERTY DAMAGE, PERSONAL INJURY AND ADVERTISING INJURY. IN ADDITION, APPLICANT SHALL SHOW SUFFICIENT EVIDENCE OF INSURANCE COVERAGE FOR WORKER'S COMPENSATION CLAIMS.

Send completed form to: City of Moline
1630 8th Avenue
Moline, IL 61265
(309) 524-2070