Print Form

FOR OFFICE USE ONLY	
License Number	**Effective/Expiration Dates** **to**
Issuing Clerk **Date of Issue**	**Application Fee (4505)** **NEW APPLICANT:** **NON-REFUNDABLE** **$15.00**
Licensing Officer Approval **IF APPLICABLE**	**License Fee (4500)** **ANNUAL** **$60.00**

CITY OF ENGLEWOOD, COLORADO

New ☐ _____

Renewal ☐ _____

Finance and Administrative Services
Revenue and Budget Division
1000 Englewood Parkway
Englewood, CO 80110-2373

Phone: **303-762-2422** Fax: **303-783-6896** E-mail address: **laelliott@englewoodgov.org**

APPLICATION FOR ARBORIST LICENSE

Name of Business:_____

Business Location:_____
Street City State Zip

Business Phone:_____ **Email:**_____

Mailing Address:_____
Street City State Zip

Applicant's Name:_____

Applicant's Address:_____
Street City State Zip

Applicant's Phone:_____

PLEASE INDICATE *ALL* TYPES OF ACTIVITIES

Arboriculture** (includes all services listed)	☐	Tree Removal *	☐
Spraying**	☐	Planting *	☐
Tree Trimming *	☐	Evergreen/Shrub Trimming ONLY *	☐

You must be a commercial pesticide applicator, currently licensed by the Dept. of Agriculture, State of Colorado, to spray within the city limits of Englewood. ***Attach photocopy of license.* Expiration Date: _____

* You are **required** to have a current license with a testing city or a current copy of a successful test for the new licensing year:

	Yes	No		
the City & County of Denver	☐	☐	***If yes, attach photocopy***.	Expiration Date:_____
the City of Aurora	☐	☐	***If yes, attach photocopy***.	Expiration Date:_____
the City of Lakewood	☐	☐	***If yes, attach photocopy***.	Expiration Date:_____
the City of Colorado Springs	☐	☐	***If yes, attach photocopy***.	Expiration Date:_____

Attach a current Certificate of Liability Insurance as required by Englewood Municipal Code 5-14-4 A2

Attach a current copy of a government issued Driver's License or Identification Card with picture for all employees providing service in the City.

A Sales Tax License is required if business is storing or selling landscape products within City limits.

I CERTIFY THAT §5-1-1 THRU §5-1-9 EMC 2000 AND §5-14-1 THRU §5-14-4 EMC 2000 WAS GIVEN AND/OR MAILED TO ME AND IT IS MY RESPONSIBILITY TO BECOME FAMILIAR WITH ALL PROVISIONS THEREIN.

I submit this application with the understanding and agreement that any license issued; may be suspended for cause by the City. I understand and will comply with the provisions of the Englewood Municipal Code. NONCOMPLIANCE WITH CITY ADOPTED CODES MAY RESULT IN THE CITY PURSUING FORMAL LEGAL ACTION SUCH AS A DISTRAINT WARRANT, A SUMMONS AND COMPLAINT FILED THROUGH THE MUNICIPAL COURT, A TAX LIEN OR LICENSE REVOCATION. **All motor vehicles used in the operation of the licensed business shall be insured under the laws of the State of Colorado.**

I affirm, that this application, and all information therein, is true, correct and complete to the best of my knowledge.

Signed:_____**Date:**_____

PLEASE NOTE: Unless *ALL* information requested is provided, *NO LICENSE WILL BE ISSUED.*