APPLICATION FOR TREE TRIMMING, CUTTING OR REMOVING LICENSE

Pursuant to Chapter 860 Battle Creek, MI Code of Ordinances

Business Information

Business Name_____

Address_____City_____State_____Zip_____

Phone Number _____ E-mail_____

Owner Information

Name_____
First Middle Last

Address_____City_____State_____Zip_____

Contact Number_____ Date of Birth _____

List of vehicles to be used: (attach additional sheets if necessary)

Year _____ Make/Model _____ Serial/VIN No. _____

Year _____ Make/Model _____ Serial/VIN No. _____

Year _____ Make/Model _____ Serial/VIN No. _____

Year _____ Make/Model _____ Serial/VIN No. _____

Year _____ Make/Model _____ Serial/VIN No. _____

I agree to operate the aforementioned business in compliance with the guidelines established pursuant to Chapter 860 of the Codified Ordinances of Battle Creek, Michigan.

_____ _____

Signature of Owner Date

Please submit the completed application, with required fees and insurance documents to:

City of Battle Creek Clerk's Office
10 North Division Street, Room #111
Battle Creek, MI 49014
(269) 966-3348

Insurance Requirements:

- $1,000,000 CSL Comprehensive General Liability (Please have your insurance agent provide an ACORD 25 form. Description of operations must include tree trimming and tree removal).
- $500,000 Automobile Liability (Please provide Declaration Page for all vehicles)

NON-REFUNDABLE fee: $25.00 Annual Fee

License Term: May 1 - April 30. Please allow 5-10 business days for processing.

FOR OFFICE USE ONLY

Please conduct your inspection and forward your recommendations to the Clerk's Office

Risk Management ☐ Approved ☐ Denied Initials: _____

Comments: _____