



**FORESTRY CONTRACTOR'S
LICENSE APPLICATION**
TREE TRIMMING, CUTTING OR REMOVING
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: _____