



CITY OF SAULT STE. MARIE, MICHIGAN
ARBORIST APPLICATION

1. Company requesting license:

Company Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

2. Proof of insurance naming the city as additionally insured: _____

I hereby declare the foregoing information to be true and correct to the best of my knowledge and agree that the license which may be issued as herein applied for is not assignable and to the powers of revocation and suspension as contained in the Code of the City of Sault Ste. Marie, Michigan.

Signature of applicant: _____ **Date:** _____

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Printed Name of Applicant: _____

License: **Granted** _____ **Withheld** _____

Approved by:

_____	_____	_____	_____
Engineering Dept	Date	City Clerk	Date

License Fees:

Annual \$ 55

Amount Paid: _____ Receipt Number: _____ License # _____

Check List:

Application
License Fee
Certificate of Insurance