



For Office  
Use Only  
License #  
\_\_\_\_\_

Date Issued:  
\_\_\_\_\_

## City of McPherson Tree License Application Form

Type of License Applying For:  Tree Care (\$25.00)  Tree Removal (\$25.00)  
 Tree Spraying (\$25.00)  Arborist Certificate (\$10.00)

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Company Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternative Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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Years, Training, & Area of Experience:

  

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

I am a member of (Circle All That Apply)

Kansas Arborist Association

Tree Care Industry Association

International Society of Arboriculture

Kansas Council Apprenticeship

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### Bonds:

Each applicant must provide a \$5,000.00 bond to the City of McPherson for the license you are applying for. Please attach the bond to this application, or you can mail them to 400 E. Kansas Ave., McPherson, KS 67460 or have it faxed to (620) 245-2549.

Bond Attached

Bond Being Mailed

Bond Faxed

**Insurance Provider:** \_\_\_\_\_

**A Copy of Liability Insurance Certificate Must Be Attached:**

Certificate Attached       Certificate Being Mailed       Certificate Faxed

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**Character References (At Least Three)**

| Name | Relationship | Phone Number |
|------|--------------|--------------|
|------|--------------|--------------|

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Municipal Code Acknowledgement**

By signing this application, I acknowledge I have read and understand the City of McPherson Regulations pertaining to requirements for arborists, tree or shrub pruners, and agree to abide by all requirements.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Please return this application and all supporting documents to:**

City of McPherson  
400 E. Kansas Ave.  
McPherson, KS 67460

Phone Number: (620) 245-2535  
Fax Number: (620) 245-2549

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**FOR OFFICE USE ONLY**

**City Clerk** \_\_\_\_\_ **Date:** \_\_\_\_\_

**City Arborist** \_\_\_\_\_ **Date:** \_\_\_\_\_