



**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)

Company Name: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Alternative Phone Number: _____

Email Address: _____

Years, Training, & Area of Experience:

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

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

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:** _____

Please return this application and all supporting documents to:

City of McPherson

Phone Number: (620) 245-2535

400 E. Kansas Ave.

Fax Number: (620) 245-2549

McPherson, KS 67460

FOR OFFICE USE ONLY

Date: _____

City Clerk

Date: _____

City Arborist