

APPLICATION FOR TREE TRIMMER LICENSE



15 N 6th St * P.O. Box 185 * Clear Lake, IA 50428 * 641-357-5267 (P) * 641-357-8711 (F) * www.cityofclearlake.com

FEE: \$50.00

DATE: _____

Applicant Name: _____

Telephone: _____

Business Name: _____

Fax No.: _____

Business Address: _____

E-Mail Address: _____

Licensed Vehicle Information:

Type of Vehicle	Make	Year	VIN (Last 5 Digits)

Other equipment to be used: _____

INSURANCE REQUIREMENTS: (Sec. 127.03 Clear Lake Municipal Code)

The Applicant shall obtain a public liability insurance policy, insuring against any loss that the City or any person may sustain arising out of or in connection with the services performed by the tree trimmer for the following minimum amounts: (1) Public Liability - \$250,000 per person; \$500,000 per accident; (2) Motor Vehicle Bodily Injury - \$250,000 per person; \$500,000 per accident; and (3) Property Damage - \$100,000 per accident.

INSURANCE CERTIFICATE MUST BE ON FILE IN THE OFFICE OF THE CITY CLERK BEFORE THE LICENSE SHALL BE ISSUED.

Approved: Public Works Department: _____

Date: _____

Signature of Applicant

Make Check Payable To:
City of Clear Lake

Return Application To:

City Clerk's Office
15 N. 6th Street
Clear Lake, Iowa 50428
(641) 357-5267

Fee Paid: _____	OFFICE USE ONLY	Insurance Received: _____
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