



**ARBORIST LICENSE APPLICATION
CITY OF LAKE SAINT LOUIS**

This license application is to be completed by the owner or operator of a tree service, arboricultural firm or any business that is in the National Council on Compensation Insurance, Inc. classification code 0106-tree removal, pruning, spraying, all operations and drivers intending to work on public or private property within the City of Lake Saint Louis.

Applicant Name: _____

Applicant Address: _____

Company Name: _____

Company Address (if different than above): _____

Work # _____ **Cell #:** _____ **Email:** _____

ISA Certified Arborist Name: _____

ISA Certification Number: _____

I hereby make application to the City of Lake Saint Louis for the Annual Arborist License that will permit my company to prune, apply chemical treatment or remove from service trees equal to or greater than twelve inches in diameter (12" DBH) on public or private property within the City of Lake Saint Louis. I understand this application requires proof of the following criteria:

- A current Certificate of Insurance in the amount of at least five hundred thousand dollars (\$500,000.00), listing the City of Lake Saint Louis, , 200 Civic Center, Drive, lake Saint Louis, MO 63367 as a certificate holder.
- A minimum of one (1) employee be an International Society of Arboriculture (ISA) certified arborist.
- Arborist Licenses are valid from July 1st through June 30th with an annual fee of twenty-five dollars (\$25.00). Renewals are due prior to July 1st. Arborist must also fill out and submit a business license application with this completed application.

A full listing of the City of Lake Saint Louis Codes and Ordinances is available at www.lakesaintlouis.com

Applicant Signature

Date

CITY USE ONLY	
Approved by _____	Date _____
License # _____	Date Parks Dept. Notified: _____