



LINDSBORG
KANSAS

PO Box 70/101 S. Main Street, Lindsborg, KS 67456

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APPLICATION FOR TREE TRIMMING LICENSE

Business Name: _____

Name of Applicant: _____

Address: _____ City/State: _____ Zip: _____

Phone Number: _____ Email: _____

NOTE: Each applicant is required to file **proof of insurance** for each license to provide liability insurance coverage for property damage, personal injury or death in the amount of **not less than \$250,000.00**. Said insurance policy shall be effective whether the tree trimming or tree cutting at any time of any accident was being performed by the licensee, his agent or employee. The annual license fee for each commercial tree trimmer shall be \$25.00 per calendar year. Each license will be valid for one calendar year; expiring on December 31st of each year, unless it is revoked.
(Article IV, Sec 48-174, 48-175)