



Date of Application: _____

**CITY OF БЕLOIT
TREE TRIMMING PERMIT APPLICATION**

I hereby make application with the City of Beloit for a TREE TRIMMING PERMIT as provided by Section 11.16 of the City of Beloit Municipal Code, the same to expire on the 30th day of June_____.

1. Applicant Name:

2. Business Name:

3. Business Address¹:

¹If there is no business address, please use the applicant’s home address

4. Business Phone:

Cell Phone:

5. Names of Individuals Working Under this Permit²:

²Denote certificate number for individuals who are Certified Arborists.

6. List of Equipment:

7. Length of Trimming Experience:

8. Please provide the amount of Public Liability Insurance and the name of the insuring company³:

³Proof of insurance must be provided with application.

Having read and answered all of the above statements and questions, I hereby consent to investigation of such facts and state that all of the above statements are true and correct to the best of my knowledge. I further acknowledge that a late fee of 20% of the permit fee (\$10.00) will be charged if I fail to renew this permit prior to July 1st of the following year.

Applicant’s Signature

For Office Use Only:

New Permit or Renewal
Paid \$50 Annual Fee (\$10 late fee)
Proof of Insurance Submitted
Copy of Applicant's Driver's License Submitted
Treasurer's Check Sheet Completed
Date Permit Issued

APPROVAL:

Public Works Director: _____

Date: _____