

**CITY OF DEARBORN HEIGHTS
BUSINESS LICENSE APPLICATION
TREE CONTRACTOR / TREE SERVICES**

PLEASE PRINT – THIS FORM MUST BE COMPLETELY FILLED OUT IN ORDER TO BE PROCESSED.

DATE OF APPLICATION _____

(A) _____
Name of Business

Address of Business

City, State, Zip

(B) _____
Name of Owner/Applicant

Address or Owner/Applicant

City, State, Zip

Please Circle [A] [B] for license and renewal mailing purposes

Business Number: _____ Home Number: _____

Cell Number: _____ Fax Number: _____

SIGNATURE OF APPLICANT: _____
DRIVER'S LICENSE NUMBER: _____

PLEASE PROVIDE VALID DRIVER'S LICENSE UPON SUBMITTAL

DATE OF BIRTH: _____
E-MAIL ADDRESS: _____
WEBSITE: _____

Insurance:

Type: _____ Policy #: _____
Certificate#: _____ Insurer: _____
Exp. Date: _____

Please provide a copy of insurance policy.

Tree Service:

Will you be
Tree Trimming ___ Tree Transplanting ___ Tree Removal ___

Did you receive a copy of the City's Tree Ordinance? Y/N

TYPE OF LICENSE

Tree Service License FEE
\$30.00

Number of Vehicles x \$10.00
Vehicle Fee

Total Fee

NUMBER OF TAGS AND TAG NUMBERS:

City Use Only

PLEASE SEE BACK

TREE CONTRACTOR/SERVICES LICENSE

REQUIRED:

TREE CONTRACTOR APPLICATION

COPY OF LIABILITY INSURANCE (Minimum \$100,000)

COPY OF REGISTRATION & INSURANCE (for each vehicle)

COST:

BUSINESS LICENSE \$30

VEHICLE TAG \$10 PER TAG PER VEHICLE