

**CITY OF AFTON  
TREE SERVICE LICENSE REQUEST**

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License Fee: \$25.00

**BUSINESS NAME:** \_\_\_\_\_

**Type of Business:** \_\_\_\_\_

**State or Federal Tax ID No.:** \_\_\_\_\_

**APPLICANT / CONTACT PERSON:** \_\_\_\_\_

**Contact Person Phone Numbers:** \_\_\_\_\_

**Contact Person Email Address:** \_\_\_\_\_

**Current Business Mailing Address:** *(PLEASE NOTE: If current address is a Post Office Box, a bona fide Street Address is required. Failure to provide a valid address may result in the denial of this application.)*

\_\_\_\_\_  
\_\_\_\_\_

**Conditions of license**

A commercial tree service license shall be issued subject to the following conditions:

- (1) Possession of a license. The commercial tree service license or a copy thereof shall be in the possession of any party employed by the commercial tree service firm when undertaking tree service activities within the City.
- (2) Compliance with city regulations. The licensee must abide by the City's regulations regarding vegetative cutting, and regarding tree preservation and reforestation.

**Revocation of License**

The license may be revoked or suspended upon violation of the city's vegetative cutting or tree preservation and reforestation regulations as well as violation of scenic easement requirements and other city tree protection regulations and requirements.

**It is your responsibility to ensure that a vegetative cutting permit has been obtained by your company or the homeowner prior to any removals.** Please note that dead trees require a vegetative cutting permit so that the City can confirm the tree is dead before it's removed.

\_\_\_\_\_

**Signature of Applicant**

**Title of Applicant**

**Date**

**CITY OFFICE USE ONLY**

FEE PAID: \_\_\_\_\_ CASH: RECEIPT# \_\_\_\_\_ CHECK: # \_\_\_\_\_ DATE: \_\_\_\_\_

AUTHORIZED BY (City Staff Signature): \_\_\_\_\_ DATE: \_\_\_\_\_