

Application No.

Permit No.

License Year 2008

Renewal New

CITY OF PRAIRIE VILLAGE – ARBORIST / PESTICIDE APPLICATION
Licensing Period from March 1 – February 28

MUST BE RENEWED ANNUALLY

Please Note: To avoid the return of your application, please complete ALL information.

Business Name _____

License Type

Business Address _____

ARB or PEST

City/State/Zip _____

Business Owner Phone No.

Description of Activity

1. Have you previously licensed with the City as an Arborist/Pesticide business? **YES / NO**

2. Check which type of license you are applying for: _____ ARBORIST _____ PESTICIDE

3. If you are applying for an **Arborist** license, is a current (non-expired) certificate of insurance enclosed with this the correct amounts of coverage? **YES / NO**

Coverage Amounts Required: \$50,000 for bodily injury
\$25,000 for property damage

NOTE: The City of Prairie Village must be listed as the Certificate Holder.

Coverage is provided through: _____

4. If you are applying for a **Pesticide** license, is a copy of your Kansas Pesticide Business License enclosed and a copy of the Registered or Certified pest Control Technician's Certificate for each employee using pesticides? **YES / NO**

STATEMENT: I declare under penalty of false statement that, to the best of my knowledge and belief, the statements made on this application are correct and true. I agree to comply with all local, State and Federal laws which govern business operations. I have reviewed the Prairie Village Municipal Code regarding arborist and/or pesticide businesses and agree to comply with all regulations as set forth.

Applicant Signature: _____ **Date:** _____

LICENSING FEE: \$60.00

License holder is responsible for yearly renewal; renewal applications are sent only as a courtesy. License holder is responsible for renewing and supplying the City with current insurance and/or certifications,

If you have any questions, please contact City Hall at 913/381-6464 and ask for licensing staff.

Application and fee payment should be returned to: City of Prairie Village
Arborist/Pesticide Licensing
7700 Mission Road
Prairie Village KS 66208
Payment must be sent with application.
Checks should be made payable to:
City of Prairie Village

Payment Type: Cash _____ Check _____ VISA _____ Mastercard _____

Name on Card	Signature
Card Number	Expiration Date

The issuer of the card identified on this item is authorized to pay the amount shown as TOTAL upon proper presentation. I promise to pay such TOTAL (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card.

Office Use Only: Application: _____ License Issued _____
Date Received _____ Amt Pd CK / Cash _____ Processed By _____ Date _____ By _____