

_____ New
Expiration Date

Application No
Permit No.
Customer No.

CITY OF PRAIRIE VILLAGE – ARBORIST APPLICATION
Licensing Period – One Year From Date Of Application
MUST BE RENEWED ANNUALLY

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

Business Name _____ License Type ARBORIST

Business Address _____

City/State/Zip _____

Business Owner _____ Phone No. _____

E-mail Address _____

Description of Activity _____

To apply for an **Arborist** license, you must include a current (non-expired) certificate of insurance with the correct amounts of coverage.

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: _____

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: \$67.00

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 arborist licensing staff. Application and fee payment should be returned to:

Arborist/Pesticide Licensing
City of Prairie Village
7700 Mission Rd
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	Discover
Name on Card			Signature	
Card Number			Expiration Date:	CVV:

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

____New

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CITY OF PRAIRIE VILLAGE – PESTICIDE APPLICATION
Licensing Period – One Year From Date Of Application
MUST BE RENEWED ANNUALLY

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

Business Name _____ License Type: PESTICIDE

Business Address _____

City/State/Zip _____

Business Owner _____ Business Phone _____

E-mail Address _____

Description of Activity _____

To apply for a **Pesticide** license, you **must** include a copy of your Kansas Pesticide Business License and a copy of the Registered or Certified Pest Control Technician's Certificate for **EACH** employee using pesticides.

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: \$67.00

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 pesticide licensing staff.

Application and fee payment should be returned to:
City of Prairie Village
Arborist/Pesticide Licensing
City of Prairie Village
7700 Mission Road
Prairie Village KS 66208

Checks should be made payable to:
City of Prairie Village

Payment Type: Cash Check VISA MasterCard Discover		
Name on Card	Signature	
Card Number	Expiration Date:	CVV:

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