



APPLICATION FOR TREE/SHRUB or LANDSCAPE CONTRACTORS LICENSE

209 E. WASHINGTON
PO BOX 517
ST. FRANCIS, KS 67756
785-332-3142 OFFICE
785-332-2778 FAX
CLERK@CITYOFSTFRANCIS.NET

New _____
Renewal _____

Date: _____

Applicant Name/
Business Name: _____

Applicant Address: _____

Applicant Email: _____

Applicant Phone Number: _____

To the honorable City Council of the City of St. Francis, Kansas:

I, _____, hereby apply for a license to operate a business:
 Tree/Shrub Trimming/Removal **Landscaping** **All Listed** (Please Check One)

For the purpose of securing such a license, I hereby certify that I have received a copy of the City's code and met the insurance requirements per the latest version of the Code of the City of St. Francis, Chapter 5, Article 4. Below is my insurance information.

On File

1. Name of Liability Insurance Company: _____

2. Name of Agent/Broker
And Contact Information: _____

3. Policy number/Expiration Date: _____

4. The license fee of: **\$25.00** Cheyenne County Residents
 \$50.00 Non-residents of Cheyenne County)

I, _____, the above-named applicant, do solemnly affirm that I have read the contents of this application and that all information herein contained is complete and true. **The license shall be renewable on January 1st and shall be renewed on an annual basis.**

Signature of Applicant

(For Office Use Only)

City Hall: _____

Council: _____

Approved: _____ Not Approved: _____

Approved: _____ Not Approved: _____

Signed: _____

Signed: _____

Date: _____

Date: _____