

CITY OF MAGEE TREE SERVICE APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

DBA: _____

NUMBER OF YEARS IN BUSINESS: _____

LICENSE: **YES** **NO**

DATE TESTED: _____

INSURANCE: **YES** **NO**

POLICY HOLDER: _____

DATE ISSUED: _____ **DATE EXPIRED:** _____

SIGNATURE: _____ **DATE:** _____