



7887 East 60<sup>th</sup> Avenue  
 Commerce City, Colorado 80022  
 Phone (303) 227-8854 / Fax (303) 227-8859  
 www.c3gov.com

## Tree Management License

**License Fee Non-Refundable (New or Renewal): \$20.00**

- Ornamental Plant Management** (license to plant, cut, trim, prune, & remove small vegetation)
- Insurance: Proof of insurance covering applicant and the operation of all business vehicles of at least \$150,000 per person injured and at least \$500,000 for the injury of two or more persons in a single occurrence; at least \$100,000 for property damage.
  - Licensee cannot leave the ground except for the use of a stepladder not exceeding 12 feet & only for the purpose of shearing evergreens.

- General Tree License** (license to plant, cut, trim, prune and remove vegetation of any size)
- Insurance: Proof of insurance covering applicant and the operation of all business vehicles of at least \$150,000 per person injured and at least \$500,000 for the injury of two or more persons in a single occurrence; at least \$500,000 for property damage.

**License Expires: Every December 31<sup>st</sup>**

*Please check one of the following:*

- New Account**
- Renewal** (please indicate your account number): \_\_\_\_\_

**Business Information**

Trade Name of Business (D/B/A): \_\_\_\_\_

Taxpayer Name (owner, partners or corporate name): \_\_\_\_\_

Location Address of Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

**Ownership Information**

**Indicate Type of Ownership:** \_\_\_\_\_ Individual \_\_\_\_\_ LLC \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ 501c(3) Non Profit

(1) Owner/Corporate Officers/Partners Name: \_\_\_\_\_

Title: \_\_\_\_\_ Social Security # (Federal Employer # if applicable): \_\_\_\_\_

Address (Residence or P.O. Box, Street, City, State & Zip): \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

(2) Owner/Corporate Officers/Partners Name: \_\_\_\_\_

Title: \_\_\_\_\_ Social Security # (Federal Employer # if applicable): \_\_\_\_\_

Address (Residence or P.O. Box, Street, City, State & Zip): \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**If additional space is needed for owners, corporate officers or partners, please attach a separate sheet.**

I hereby declare that I will comply with all of the requirements of the ordinances and regulations of the City of Commerce City and that, under penalty of perjury; the statements and documents constituting a part of this application are true, correct and complete to the best of my knowledge.

\_\_\_\_\_  
 (Applicant's Signature)

\_\_\_\_\_  
 (Title)

\_\_\_\_\_  
 (Date)

### CITY USE ONLY

Department	Action	By	Date
Parks & Recreation	_____	_____	_____
Finance Director	_____	_____	_____
Other	_____	_____	_____