

APPLICATION FOR ARBORIST LICENSE

City of Williston

PO Box 1306

Williston ND 58802-1306

An application for a license to engage in tree planting, pruning, fertilization, spraying, removal, or other tree maintenance activities for payment or other compensation within the Williston city limits

\_\_\_\_\_ First application \_\_\_\_\_ Renewal

License fee: \$100.00 for the calendar year

Business Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail Address \_\_\_\_\_

Principal Officer's Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Employees (who will be working in Williston):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of work performed (check all that apply):

\_\_\_\_\_ Pruning and Trimming

\_\_\_\_\_ Planting

\_\_\_\_\_ Removal

\_\_\_\_\_ Stump Removal

\_\_\_\_\_ Fertilization

**\*\* If you wish to provide pesticides as part of your service,  
a separate Pesticide Permit Application must be submitted\*\***

Equipment to be operated in Williston (check all that apply):

\_\_\_\_\_ Aerial Lift or Bucket Truck

\_\_\_\_\_ Chain Saw

\_\_\_\_\_ Stump Cutter/Mechanical Stump Cutter

\_\_\_\_\_ Brush Chipper

\_\_\_\_\_ Tree Spade or Mechanical Planter

Give a summary of previous arboricultural experience and training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ALL APPLICANTS: ATTACH PROOF OF COMMERCIAL LIABILITY INSURANCE**

**ACKNOWLEDGEMENT**

1. Arborists performing work in the City requires a license.
2. Arborists are not allowed to use residential property for the storage of landscape equipment, materials, or products.
3. Storage of landscape equipment, materials, or products must be stored in an appropriately zoned contractor's yard.

I hereby agree to comply with the provision of Ordinance No. 567 dated March 13, 1981 and Ordinance No. 613 "Zoning Ordinance of the City of Williston" including all sections as is or as amended.

Dated at Williston, North Dakota this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

**OFFICIAL OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Fee Received: \$ \_\_\_\_\_ PBA # \_\_\_\_\_

Permit #: \_\_\_\_\_

Liability Insurance Expiration: \_\_\_\_\_

APPROVED

DENIED

\_\_\_\_\_  
City Forester

\_\_\_\_\_  
City Auditor