CITY OF SHERIDAN
OFFICE OF CITY CLERK

APPLICATION FOR TREE TRIMMERS LICENSE
ANNUAL FEE $50.00

Date: _____

Company Name: _____

( ) Corporation
( ) Partnership
( ) Sole Proprietor

Name of Principals (with title if applicable) :

_____

_____

_____

Company Address: _____

Company Phone Number: _____

Insurance Company: _____

License Fee Paid

Amount: _____ Date: _____

The above are true and accurate to the best of my knowledge and belief. All information may be verified. I am aware that any false statements will void the application and tree-trimmer's license.

_____
Signature