



Annual Arboricultural Services License Application

City of Stoughton 207 S. Forrest St, Stoughton, WI 53589 Ph: 873-6677

Trade Name: _____

Agent/Owner: _____

Business Address: _____

Contact phone Number(s): _____

e-mail and/or Web site: _____

Type of Business: _____

Accreditations: _____

WAA ISA NAA TCIA Other _____

*****PLEASE INCLUDE A COPY OF YOUR DRIVERS LICENSE*****

Proof of Insurance (please include copy with application)

Company Name: _____

Policy Number: _____

Expiration Date: _____

Amount & Type(s): _____

Note: \$1,000,000 public liability/injury/to person or property minimum

You are required to comply with the following best practices:

- ANSI A300 tree trimming standards
- International Society of Arboriculture (ISA), American Nursery Association (ANA) standards for plantings / plant health care
- City of Stoughton Section 64.14 Tree Ordinance with regard to arboricultural practices
- understand Sec 64-15 Tree Ordinance Penalty provisions 1-3
- please inform City of Stoughton residents about the policy & procedure on brush collection – namely that the Street Department will **NOT** collect brush or limbs or other debris produced by private contractors

Agent Signature

City Clerk

\$ 20.00 --- Fees Paid: _____