



## APPLICATION FOR ARBORIST LICENSE

Controller's Office  
100 E. Michigan Boulevard  
Michigan City, Indiana 46360  
(219) 873-1404

*This application form requests information which will be used to determine your eligibility for issuance of a license. Failure to provide the information will result in a denial of the license. If space is insufficient, please attach additional sheets.*

**INSTRUCTIONS TO APPLICANT:** The applicant must deliver a completed application to the Controller's Office at City Hall accompanied by all items required by this application. If the application is complete, the Controller's Office will refer the application to the Michigan City Planning & Inspection Department ("Planning Department") for review and recommendation. The review process of the Planning Department could take a few days. Once the review is complete, the Planning Department will approve or deny the application. If the application is approved, the Controller's Office will issue the license to the applicant upon payment of the license fee. If the application is denied, the Applicant may initiate an appeal to the Michigan City Board of Public Works & Safety.

### **APPLICATION TYPE**

- |   |  |
|---|--|
| <input type="checkbox"/> New License        | <input type="checkbox"/> \$150.00 (year)   |
| <input type="checkbox"/> Renewal of License | <input type="checkbox"/> \$100 (year) <input type="checkbox"/> \$200.00 (year) – late renewal after March 31 |

### **APPLICANT INFORMATION**

Name: [Click here to enter text.](#)

E-mail: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

City: [Click here to enter text.](#) State: [Click here to enter text.](#) Zip Code: [Click here to enter text.](#)

Phone Number: [Click here to enter text.](#)

Fax Number: [Click here to enter text.](#)

### **BUSINESS INFORMATION**

Business Legal Name: [Click here to enter text.](#) DBA: [Click here to enter text.](#)

Permanent Business Address: [Click here to enter text.](#)

City: [Click here to enter text.](#) State: [Click here to enter text.](#) Zip Code: [Click here to enter text.](#)

Phone Number: [Click here to enter text.](#)

Fax Number: [Click here to enter text.](#)

Indiana Sales Tax ID Number: [Click here to enter text.](#)

Legal Structure of Business:

- ☐ Sole Proprietorship
- ☐ Partnership
- ☐ Limited liability corporation
- ☐ Corporation
- ☐ Other: (describe) [Click here to enter text.](#)

Have you ever had a vendor license issued by the City revoked? ☐ Yes ☐ No

If yes, list the date the license was revoked? [Click here to enter text.](#)

**VEHICLES:**

Will there be vehicles used to transact business pursuant to this license? ☐ Yes ☐ No

If yes, provide the following information:

Year/Make/Model	VIN Number	License Plate Number (State)
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.

(Attach additional pages as needed)

Address of where business stores vehicles, equipment, heavy equipment, machinery, and supplies at the conclusion of business each day: [Click here to enter text.](#)

Detailed description of how said vehicles, equipment, heavy equipment, machinery, and supplies are stored (ie: inside a garage, outside in open public view, etc...) [Click here to enter text.](#)

**FIREWOOD, WOODCHIPS & DEBRIS:**

Address of where business stores firewood, woodchips and debris: [Click here to enter text.](#)

Detailed description of how business stores firewood, woodchips and debris at said location [Click here to enter text.](#)

**CONTACT INFORMATION FOR QUESTIONS/CONCERNS DURING HOURS OF OPERATION**

Name of manager/supervisor available during hours of operation/solicitation: [Click here to enter text.](#)

Phone number(s): [Click here to enter text.](#)

**STATE CHEMICAL APPLICATION CERTIFICATION:**

Will business be chemically treating trees? ☐ Yes ☐ No (if Yes, you must submit your state chemical application certification)

**ATTACHMENTS TO THIS APPLICATION (please check if information is attached)**

☐ Certificate of Insurance

-Michigan City must be listed as a certificate holder

-Must possess commercial liability insurance in the minimum amount of a combined single limit of \$1,000,000.00 for bodily injury, death, and/or property damage.

☐ State Chemical Application Certification

☐ Charter or Articles of Incorporation and current listing of all directors, partners, and principals, if applicable.

**APPLICANT CERTIFICATION/ WAIVER & RELEASE**

I hereby certify and declare under the penalties of perjury under the laws of the State of Indiana that the information contained in this application is true and accurate. I acknowledge that I have read the Michigan City Municipal Code, including but not limited to Chapter 102 of the Michigan City Municipal Code, which can be found at [www.municode.com](http://www.municode.com). I understand the granting of a permit does not presume to give authority to violate or cancel provisions of any other local, state, or federal law regulating such activities.

Applicant hereby waives, releases and discharges on behalf of himself and on behalf of business seeking and obtaining arborist license, or by any other person or entity acting on his behalf or on their own behalf, including but not limited to assignors, heirs, executors, and administrators, the City from any and all claims or demands therefore on account of injury, loss, or damage to person or property, wrongful death actions, future claims, demands, liens, rights, costs, expenses, and other related items of damage or actions of any kind on account of, growing out of, or which may result from the issuance of a arborist license to the Applicant by the City and any and all activity conducted as a result thereof, which arise or in the future may arise. The Applicant expressly agrees to indemnify and hold the City harmless from any and all claims or demands therefore on account of injury, loss, or damage to person or property, wrongful death actions, future claims, demands, liens, rights, costs, expenses, and other related items of damage or actions of any kind by the Applicant, or by any other person or entity acting on his behalf or on their own behalf, including but not limited to assignors, heirs, executors, and administrators, on account of, growing out of, or which may result from the issuance of a arborist license to the Applicant by the City and any and all activity conducted as a result thereof, which arise or in the future may arise. It is expressly intended that such indemnification and hold harmless obligation shall extend to and include attorney fees and costs incurred by the City in defending any claim, causes of action, wrongful death causes of action, or demands taken by the Applicant.

This Waiver & Release of Liability shall be construed and enforced in accordance with the laws of the State of Indiana. Should any portion of this Waiver & Release of Liability be judicially determined invalid, voidable or unenforceable, for any reason, such portion of this Waiver & Release of Liability shall be severable from the remaining portions herein and the invalidity, void ability, or unenforceability thereof shall not affect the validity, effect, enforceability, or interpretation of the remaining provisions of this Waiver & Release of Liability. The Applicant declares that he/she is over the age of eighteen (18) years, of sound mind, and has carefully read this Waiver & Release of Liability and understands and consents to the terms herein. The Applicant further declares and represents that no promise, inducement or agreement not herein expressed has been made to the Applicant, and that the terms of this Waiver & Release are contractual and not a mere recital.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

STATE OF INDIANA                    )  
  ) SS:  
COUNTY OF \_\_\_\_\_)

Before me, the undersigned, a Notary Public, in and for said County and State, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_, personally appeared the individual and acknowledged the execution of the forgoing document. In witness whereof, I have subscribed my name and affixed my officials seal.

My commission Expires: \_\_\_\_\_

\_\_\_\_\_, Notary Public

Resident of \_\_\_\_\_ County

FOR OFFICE USE ONLY

Planning Department approval of license? ☐ Yes ☐ No

If No, list reasons for denial: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Person Approving from Planning: \_\_\_\_\_

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