

20 _____
ARBORIST LICENSE
City of Michigan City, Indiana

License No. _____

This license is granted to: _____

(name of company)

(address)

(city, state, zip)

(telephone)

and licenses (name of company) _____

to do work in the City of Michigan City, Indiana for the year 20____ having paid the required fee conforming with the provisions of the ordinance governing same.

This license shall be in force until the 31st day of December of the year issued provided the holder thereof conforms to all the requirements of the ordinance.

**THIS LICENSE IS
NON-TRANSFERABLE**

Approved by: _____

City Controller

PAID \$150 (new)
\$100 (renewal before April 1)
\$200 (renewal after March 31)

DATE: _____

CASH

CHECK

PROOF OF INSURANCE - POLICY NO.: _____

STATE CHEMICAL LICENSE ATTACHED, IF REQUIRED