

<p align="center"><u>Application</u> Arborist License</p>	<p align="center">CITY OF FRANKLIN 430 Thirteenth Street Franklin, PA. 16323</p>	<p align="center">For the Year 2019 Fee \$25.00 (Annually)</p>
<p align="center">The following information is necessary for our records and will be held in the strictest confidence. ALL QUESTIONS MUST BE ANSWERED IN FULL. Use Reverse side if necessary.</p>		
<p>Federal Account Number or Social Security Number</p>	<p>Type of Organization (CHECK ONE) Individual Proprietorship <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Fiduciary <input type="checkbox"/> Partnership <input type="checkbox"/></p>	
<p>Name of Business</p>	<p>Address (Street, City, State, Zip Code)</p>	<p>Business Phone Number</p>
<p>Owners Name</p>	<p>Address (Street, City, State, Zip Code)</p>	<p>Phone Number</p>
<p>Type of Business</p>		<p>Mercantile License Number</p>
<p><u>Proof of Insurance MUST BE ATTACHED</u> \$300,000.00 Liability (minimum) \$25,000.00 Property Damage (minimum)</p>	<p>Insurance Effective Date</p>	<p>Insurance Expiration Date</p>
<p>Insurance Company</p>		<p>Insurance Policy Number</p>
<p>I certify that all the information and statements are true and correct to the best of my information knowledge and belief.</p> <p>SIGNATURE _____ DATE _____</p>		
<p align="center"><u>FOR OFFICE USE ONLY</u></p>		
<p>CASH <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER <input type="checkbox"/></p> <p>DATE RECEIVED _____ BY _____</p>		<p>ARBORIST LICENSE NUMBER _____</p>

The following information is necessary for the emergency records
of the Police and Fire Departments and will be kept in the strictest confidence.

PLEASE PRINT OR TYPE**BUSINESS QUESTIONNAIRE**

NAME OF BUSINESS: _____ BUS. PHONE (____) _____

BUSINESS ADDRESS: _____ 2nd PHONE (____) _____

_____ FAX NUMBER (____) _____

E-MAIL ADDRESS: _____ CELL NUMBER (____) _____

1st KEYHOLDER CONTACT: (*If you are located within the City, please provide an after-hours emergency number in this block, which will be used for notification when alarms are received and other after-hours emergencies. THIS SHOULD NOT BE THE BUSINESS NUMBER.)

Name (Last Name, First, Middle Initial):		
After Hours Contact Information:		
*AFTER HOURS PHONE NUMBER:	CELL NUMBER:	PAGER NUMBER:
Mailing Address:		

2nd KEYHOLDER CONTACT:

Name (Last Name, First, Middle Initial):		
After Hours Contact Information:		
*AFTER HOURS PHONE NUMBER:	CELL NUMBER:	PAGER NUMBER:
Mailing Address:		

3rd KEYHOLDER CONTACT:

Name (Last Name, First, Middle Initial):		
After Hours Contact Information:		
*AFTER HOURS PHONE NUMBER:	CELL NUMBER:	PAGER NUMBER:
Mailing Address:		

OCCUPANCY TYPES:

TYPE OF BUSINESS: _____

APARTMENTS? (Y/N) _____ NUMBER? _____ HOW MANY FLOORS? _____ NUMBER OCCUPIED? _____

HAZARDOUS MATERIALS

YES/NO: _____ LOCATION IN BUILDING: _____

HAZMAT NAMES: (Attach sheet if more room required.) _____

UTILITY INFORMATION

ELECTRIC SHUT OFF LOCATION: _____

GAS SHUT OFF LOCATION: _____

ANY OTHER INFORMATION THAT YOU FEEL WILL BE OF ASSISTANCE TO US: (Attach sheet if more room required.)