

City of Davenport Business Licensing 226 West 4th Street

Davenport, Iowa 52801 Phone: (563) 326-7715

Fax: (563) 326-7722

Tree Trimmer License Application City Ordinance Chapter 8.14 Please print in dark ink and mail to Business Licensing Service

Business Name:					
	e name you will be doing busines	ss as. You must operate and	advertise in the exact n	ame listed.	
Parent Company Name:					
(If Corporate Owned)					
Business Address:					
Cannot be a P.O. Box) Street #	Street name	Unit #	City	State	Zip
Mailing Address					
(Can be a P.O. Box) Street #	Street name	Unit #	City	State	Zip
Phone: () -	Business Sta	art Date:			
Ownership (Check One Only)					
Sole Proprietor	Partnership	Corporation			
		<u> </u>			
LLP	LP LP	Other:			
E-mail:					
Vebsite:					
	OWNER'S OR	PRINCIPAL'S NAM	F(S)		
Name _	·				
Home Address					
		Home Address _			
City	Zip	City		Zip	
Telephone #	Title			Title	

PREVIOUS LICENSING INFORMATION						
Have you ever applied for this type of license before? a. Owner's name as it appeared on the license:	If yes, provide the following information:					
b. Name of the business:						
c. Location of the business:						
Has your license ever been revoked? If so, when?						
 dollars conditioned that such applicant shall faith conditioned to indemnify, save and keep harmle actions, by reason of any acts or things done und Liability Insurance Required - Any license application amounts of not less than fifty thousand dollars for of one accident or event, and property damage of licensing period. The policy shall provide that it of the city. Upon receipt of a cancellation notice 	tion Law - Any license applicant shall deposit with the clerk satisfactory					
Signature of Applicant	Date					

Fee - \$50.00 Charge Code 0213