



INSTRUCTIONS FOR OBTAINING A TREE TRIMMER LICENSE

- Complete the Tree Trimmer License Application. Each individual, partner, or company officer must also complete an Auxiliary Questionnaire. Copy the form as needed for each person.
- Pay license fee. The license period is July 1 to June 30. Fees are not prorated and are non-refundable.
- Certificate of Liability Insurance email to licensing@eauclairewi.gov
 - \$250,000 for any one person injured or killed
 - \$500,000 for more than one person injured or killed
 - \$100,000 for injury or destruction of property or person other than the licensee
- Review City of Eau Claire Ordinance 5.52 relating to Tree Trimmers.
- Contact the City Forester at 715-839-5039 to schedule your exam.
- After you have obtained the signature from the City Forester, return the application form to the City Hall to obtain the license.
- Submit form with attachments and payment to:**
 - Paperwork: licensing@eauclairewi.gov
 - Payment: www.eauclairewi.gov/payment
 - Mail: City of EC, PO Box 909, EC, WI 54702
 - Phone: 715-839-4923 - payment
 - Dropbox: 203 S. Farwell St.



TREE TRIMMER LICENSE APPLICATION

FEE: \$34.00

See Instructions on back of form

A. SOLE PROPRIETOR (ONLY) COMPLETE THIS SECTION

Male <input type="checkbox"/> Female <input type="checkbox"/>	First Name	Middle Initial	Last Name
Home Address		City	State Zip

*** Sole Proprietor must complete an Auxiliary Questionnaire**

B. PARTNERSHIP (ONLY) COMPLETE THIS SECTION

FULL NAME OF EACH PARTNER

Male <input type="checkbox"/> Female <input type="checkbox"/>	First Name	Middle Initial	Last Name
Male <input type="checkbox"/> Female <input type="checkbox"/>	First Name	Middle Initial	Last Name

*** Each Partner must complete an Auxiliary Questionnaire**

C. CORPORATION or LIMITED LIABILITY (ONLY) COMPLETE THIS SECTION

Registered Name of Corporation			
List all officers below (use additional paper if necessary)			
First Name	Middle initial	Last Name	Title

*** Each Officer must complete an Auxiliary Questionnaire**

D. ALL APPLICANTS MUST COMPLETE THIS SECTION

Business Trade Name	Business Phone	
Mailing Address	City	Zip
Email Address		

Continued on back of form

- Submit form with attachments and payment to:**
 Paperwork: licensing@eauclairewi.gov
 Payment: www.eauclairewi.gov/payment
 Mail: City of EC, PO Box 909, EC, WI 54702
 Drop box: 203 S. Farwell St., EC, WI 54701
 Phone: 715-839-4923 - payment

Tran Code: 1359 Fee: \$34.00
Office use only

TREE TRIMMER LICENSE APPLICATION (continued)

APPLICANT'S STATEMENT

I hereby certify that the answers on this application are true and correct to the best of my knowledge. I agree, in the consideration of the granting of this license, to comply with the laws of the State of Wisconsin, and the provisions of the Municipal Code of Ordinances of the City of Eau Claire.

Signature _____

Date ____/____/____

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- Complete the Tree Trimmer License Application. Each individual, partner, or company officer must also complete an Auxiliary Questionnaire. Copy the form as needed for each person.
- Pay license fee. The license period is July 1 to June 30. Fees are not prorated and are non-refundable.
- Attach Certificate of Liability Insurance to application or Fax to 715-839-3889
 - o \$250,000 for any one person injured or killed
 - o \$500,000 for more than one person injured or killed
 - o \$100,000 for injury or destruction of property or person other than the licensee
- Submit form with attachments and payment to:**
Paperwork: licensing@eauclairewi.gov
Payment: www.eauclairewi.gov/payment
Mail: City of EC, PO Box 909, EC, WI 54702
Drop box: 203 S. Farwell St., EC, WI 54701
Phone: 715-839-4923 - payment
- Review City of Eau Claire Ordinance 5.52 relating to Tree Trimmers.
- Contact the City Forester at 715-839-5039 to schedule your exam.
- After you have obtained the signature from the City Forester, return the form to City Hall to obtain the license.

EXAMINATION AND PROOF OF LIABILITY INSURANCE REQUIRED BEFORE LICENSE CAN BE ISSUED

Applicant must contact the City Forester at 715-839-5039 to schedule an examination and obtain signature. All fees must be paid prior to scheduling the examination. Proof of Liability insurance required before license may be issued.

Examination Successfully passed? <input type="checkbox"/> Yes <input type="checkbox"/> No	City Forester's Signature	Date
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TREE TRIMMER LICENSE APPLICANTS AUXILIARY QUESTIONNAIRE

EACH PERSON LISTED ON THE LICENSE APPLICATION MUST COMPLETE THIS FORM

Drivers License or I.D.#		DL State	Email address	Phone No. () -	
Male <input type="checkbox"/>	First Name	Middle Initial	Last Name		
Female <input type="checkbox"/>					
Home Address			City	State	Zip
Mailing Address (if different from above)			City	State	Zip

1. Have you **EVER** been convicted of a felony, criminal violation, misdemeanor, ordinance violation, or have you ever been convicted of violating any other Federal, State, or local laws or ordinances of any municipality?
 * If you answered YES you must fill out the back of this form Yes No

2. Have you **EVER** changed your name? Yes No
 If yes, list other names you have had: _____

3. Are there any **CRIMINAL** charges **PRESENTLY PENDING** against you? Yes No
 * If you answered YES you must fill out the back of this form

4. How long have you continuously resided in Wisconsin prior to this date?

5. Employment history for the past two years:

PLEASE be advised that the Police Department will review and verify the information on your application. If any information is *omitted, incomplete, or incorrect* it is likely that the police department will reject your license application.

APPLICANT'S STATEMENT

I hereby certify that the answers on this application are true and correct to the best of my knowledge. I agree, in the consideration of the granting of this license, to comply with the laws of the State of Wisconsin, and the provisions of the Municipal Code of Ordinances of the City of Eau Claire.

Signature _____

Date ____/____/____

Email address _____

**TREE TRIMMER LICENSE APPLICANTS
AUXILIARY QUESTIONNAIRE
(continued)**

LIST ALL PAST VIOLATIONS

Date ___ / ___ / ___ Nature of Offense _____

Date ___ / ___ / ___ Nature of Offense _____

Date ___ / ___ / ___ Nature of Offense _____

Date ___ / ___ / ___ Nature of Offense _____

Date ___ / ___ / ___ Nature of Offense _____

Date ___ / ___ / ___ Nature of Offense _____

Date ___ / ___ / ___ Nature of Offense _____

Date ___ / ___ / ___ Nature of Offense _____

Date ___ / ___ / ___ Nature of Offense _____

Date ___ / ___ / ___ Nature of Offense _____

PENDING CHARGES

Date ___ / ___ / ___ Nature of Charge _____

Date ___ / ___ / ___ Nature of Charge _____

Date ___ / ___ / ___ Nature of Charge _____

Date ___ / ___ / ___ Nature of Charge _____

Date ___ / ___ / ___ Nature of Charge _____

Revised: 2/22