

---

# **ARBORIST LICENSE**

## **TOWN OF TRAIL CREEK, INDIANA**

License No: \_\_\_\_\_

This license is granted to and licenses same to do work in the Town of Trail Creek for the year \_\_\_\_\_ having paid the required fee of \$75.00 conforming with the provisions of the ordinance governing same and having provided proof of insurance, a copy of which is attached.

This license shall be in force until the 31<sup>st</sup> day of December of the year \_\_\_\_\_ provided the holder thereof conforms to all the requirements of the ordinance.

### **THIS LICENSE IS NON-TRANSFERABLE**

Crystal Frever

---

Clerk-Treasurer

PROOF OF INSURANCE-POLICY NO:

STATE CHEMICAL LICENSE ATTACHED, IF REQUIRED