

Tree Trimmer License Application

City of Loveland

500 E 3rd St., Ste. 230

Loveland, CO 80537

Ph. 970-962-2000 Option 9

Fax 970-962-2901



☐ New/Expired Application \$60 ☐ Renewal Application \$30

License is valid from the day you're approve to the end of the calendar year (December 31, 2026)

Registered Name:

DBA:

Owner's Name:

Phone Number:

Business Address:	Email:
Mailing Address:	Driver's License No. & State:

Services Provided:

Must list all types, classifications or kinds of services provided.

Evidence of Certifications / Qualifications - Check all that apply (only one required)

- ____ ISA Certified Tree Worker Climber Specialist or an equivalent exam
- ____ ISA Certified Tree Worker Aerial Lift Specialist
- ____ Hold current license with City of Fort Collins, City of Greeley, Town of Berthoud, or the City of Longmont
- ____ Other certifications that may qualify

Any checked line item must be accompanied by evidence for review.

Calendar Year 2026

The following items must accompany your application:	
	Check or Money Order for \$30/Renew or \$60/New or Expired License
	Certificate of Insurance, including: <ul style="list-style-type: none"> - At least \$1,000,000.00 (1 Million) Commercial General Liability for all proposed operations - The City shall be named as an additional insured - Workers' compensation and employers' liability insurance - Must provide 30 days' notice to the City of Loveland prior to cancellation for all coverages - Failure to renew/provide proof of insurance will void your City of Loveland License - Note: Once licensed, renewed COI may be emailed to Clerk@cityofloveland.org. Documents will not be accepted via email for <i>initial applications</i>.
	Photos of Both Sides of All Operating Vehicles/Units for Tree Trimming Business: <ul style="list-style-type: none"> - Number of Vehicles in your Fleet _____ - All motor vehicles and other equipment used by any licensee hereunder in conducting the licensed <i>tree</i> services must be conspicuously identified with the licensee's business name and phone number or the business name and phone number of the licensee's employer. <i>LMC 12.32.060.C</i>

Oath of Applicant

I declare under penalty of perjury in the second degree that this application and all information contained herein are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the City of Loveland's Municipal Code.

NON-COMPLIANCE OF ANY OF THE SECTIONS OF THE CITY OF LOVELAND'S MUNICIPAL CODE WILL RESULT IN THE IMMEDIATE REVOCATION OF YOUR LICENSE.

<u>Applicant/Authorized Signature:</u>	<u>Print Name:</u>
<u>Title:</u>	<u>Date of Signature:</u>

Office Use Only	
Receive stamp:	Urban Forestry Reviewed on: _____ Notes:
	Approved on: _____ Notes:

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