



# CITY OF CAÑON CITY

**City Clerk**

P.O. Box 1460 • 128 Main Street  
Cañon City, CO 81215-1460  
(719) 269-9011 • [www.canoncity.org](http://www.canoncity.org)

## Tree Management License:

**New License**  **Renewal License**

Applications must be completed in full. Return applications to the City Clerk.

### Applicant Information

<b>Business Name:</b>	<b>Business Physical Address</b>
<b>Applicant Name:</b>	<b>Business Mailing Address:</b>
<b>Business Phone Number with Area Code:</b>	<b>Business E-mail address:</b>

### Checklist of required items:

\_\_\_\_\_ **Application**

\_\_\_\_\_ **Fee (\$50)**

\_\_\_\_\_ **Proof that applicant has passed the written test given by the Parks Director within the last 5 years)**

\_\_\_\_\_ **Liability Insurance with the City of Cañon City names as an additional insured.**

Please return application and all required documents to: City of Cañon City, Attention City Clerk, P.O. Box 1460, Cañon City, CO 81215-1460. If you have any questions please call 719.276.5242 Thank You.

**All Business Licenses expire on December 31st of the year that it was issued.**

**Statement of Release and Affirmation:**

I hereby authorize the City of Cañon City to investigate my background and qualifications for purposes of determining whether I am qualified for the business license for which I am applying.

By submitting this application, I understand and acknowledge that the City Clerk's Office may request other relevant information in connection with this application. Failure to provide the requested information may result in denial of this application. I also acknowledge and understand that the City Clerk's Office cannot accept an application unless it is accompanied by the required fees and documentation.

I declare under penalty of perjury that this application and all attachments are true, correct and complete to the best of my knowledge and that I have read and will adhere to and will require my employees to adhere to all regulations set forth herein and within the Cañon City Municipal Code Title 5 governing Business Licensure.

Full Name Printed

Full Name Signature

Date:

Job Title: