

Mary Jo Pemberton
City Clerk
Rebecca Barbour
Deputy City Clerk



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APPLICATION FOR ARBORIST LICENSE
Pursuant to Chapter 92 Section 13
CITY OF MT. VERNON, ILLINOIS

NAME OF APPLICANT: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

NAME OF BUSINESS: _____

ADDRESS: _____

TELEPHONE: _____

DATE OF INSURANCE EXPIRATION: _____

ATTACH COPY OF CERTIFICATE OF INSURANCE SHOWING

\$50,000.00 FOR BODILY INJURY AND \$100,000.00 FOR PROPERTY DAMAGE

Date

APPLICANT'S SIGNATURE

DATE OF ISSUE: _____

LICENSE # _____

COST: \$25 _____

EFFECTIVE DATE: _____