

**VILLAGE OF WOODRIDGE
TREE REMOVAL LICENSE RENEWAL APPLICATION**

APPLICATION IS HEREBY MADE TO THE VILLAGE OF WOODRIDGE FOR THE RENEWAL OF A TREE REMOVAL LICENSE UNDER THE CODE OF ORDINANCES OF THE VILLAGE OF WOODRIDGE.

LICENSE APPLICATIONS WILL NOT BE ACCEPTED UNLESS INFORMATION IS PROVIDED IN FULL.

PLEASE PRINT

COMPANY NAME _____

COMPANY ADDRESS _____

REQUIRED ATTACHMENTS:

1. One of the following:
 - A. A current certificate of insurance, issued by an insurance company authorized to do business in the State of Illinois that evidences liability coverage of the applicant for personal injury and property damage. Such certificate shall show the policy number, policy period, the limits of coverage, and the amount of any self-insured retention; or
 - B. A statement, signed by the contractor, if an individual, or by one authorized to sign on behalf of a partnership or corporation, that the contractor is not covered by liability insurance, and providing the address to which claims against the contractor for personal injury or property damage should be sent.

Note: The certificate of insurance or statement filed in accordance with this section shall be open to public inspection. Within fifteen (15) days of any change in insurance coverage which causes the most recently filed certificate or statement to be inaccurate, the licensee shall file a new certificate or statement with the Village Clerk.

(I) (WE) HEREBY CERTIFY THAT ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION FOR THE RENEWAL OF A TREE REMOVAL LICENSE IS TRUE AND CORRECT, FURTHER THAT ANY FALSE INFORMATION PROVIDED FOR IN THIS APPLICATION SHALL BE GROUNDS FOR REVOCATION OF THE LICENSE AS WELL AS ANY OTHER PENALTIES PROVIDED FOR BY LAW.

NOTE – THIS IS AN APPLICATION FOR THE RENEWAL OF A TREE REMOVAL LICENSE AND IT IS UNDERSTOOD THAT A TREE REMOVAL SERVICE CANNOT BE CONDUCTED UNTIL A LICENSE IS ISSUED BY THE VILLAGE CLERK OF THE VILLAGE OF WOODRIDGE, ILLINOIS. (I) (WE) FURTHER STATE THAT (I) (WE) UNDERSTAND ALL OF THE ORDINANCES OF THE VILLAGE OF WOODRIDGE THAT PERTAIN TO THE OPERATION OF A TREE REMOVAL COMPANY IN THE VILLAGE OF WOODRIDGE.

DATE _____

PRINTED NAME, SIGNATURE AND TITLE OF AUTHORIZED PERSON MAKING THIS APPLICATION

_____ **PRINTED NAME**

_____ **SIGNATURE**

_____ **TITLE**