

New (Renewals must be submitted on a Renewal Application)

Expiration Date: _____

Invoice/Application No. _____

Permit No. _____

Customer No. _____

CITY OF PRAIRIE VILLAGE – PESTICIDE APPLICATION

Licensing Period is One Year From Date Of Issue - Must Be Renewed Annually

To avoid the return of your application, please provide ALL information.

Business Name:	_____		
Business Address:	_____		
City/State/Zip:	_____		
Business Owner:	_____	Phone No.	_____
E-mail:	_____		
Description of Activity:	_____		

To apply for a **Pesticide** license, you **must** include a copy of your Kansas Pesticide Business License and a copy of the Registered or Certified Pest Control Technician's Certificate for **EACH** employee using pesticides.

STATEMENT	
I declare under penalty of false statement that, to the best of my knowledge and belief, the statements made on this application are correct and true. I agree to comply with all local, State and Federal laws which govern business operations. I have reviewed the Prairie Village Municipal Code regarding arborist and/or pesticide businesses and agree to comply with all regulations as set forth.	
Applicant Signature: _____	Date: _____

License holder is responsible for yearly renewal; renewal applications are sent only as a courtesy. License holder is responsible for renewing and supplying the City with current State licenses and certifications,

PAYMENT		
Return application & payment to: City of Prairie Village Attn: Arborist/Pesticide Licensing 7700 Mission Road Prairie Village, KS 66208	If paying by check, make them out to: City of Prairie Village If paying by Credit Card: Do not submit card numbers via e-mail, for your security	Annual Fee: \$67.00 (Fee exempt if paying for an Arborist License also)

Office Use Only: Application: _____	_____	_____	License Issued: _____	_____
Date	Amount Ck/Cash/Card	By	Date	By

New (Renewals must be submitted on a Renewal Application)

Expiration Date: _____

Invoice/Application No. _____

Permit No. _____

Customer No. _____

CITY OF PRAIRIE VILLAGE – ARBORIST APPLICATION

Licensing Period is One Year From Date Of Issue - Must Be Renewed Annually

To avoid the return of your application, please provide ALL information.

Business Name:	_____		
Business Address:	_____		
City/State/Zip:	_____		
Business Owner:	_____	Phone No.	_____
E-mail:	_____		
Description of Activity:	_____		

INSURANCE REQUIREMENTS

Bodily Injury	Property Damage
\$50,000 each occurrence	\$25,000 each occurrence
Name of Insurance Carrier: _____	
Address of Carrier: _____	
To apply for an Arborist license, you must include a current certificate of insurance indicating the correct amounts of coverage with the City of Prairie Village listed as the Certificate holder	
A 10-day notice of cancellation must be provided to the City and this should appear on the certificate.	

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Office Use Only:

Application: _____ License Issued _____
Date Received _____ Amt Pd: Chk / Cash/CC _____ Processed By _____ Date _____ By _____