



ALL INFORMATION ON THIS FORM IS A PUBLIC RECORD

225 North 4th Street
PO Box 2471
Fargo, ND 58108-2471
Phone: (701) 241-1304 Fax: (701) 241-8184
mvanyo@FargoND.gov
Forestry License Application Form

Application made (date) _____, for a license to carry on the business/occupation as follows. I agree to abide by the laws, ordinances, and regulations pertaining thereto.

Applicant: _____

Phone#: _____

Business Name: _____

Business Address: _____

Mailing Address: _____

E-Mail Address: _____

Expires December 31st

Tree Contractor (\$50/yr)

- 1. PROOF OF LIABILITY INSURANCE (General Commercial Liability in an amount not less than \$1,000,000)
2. PERFORMANCE BOND (In an amount not less than \$25,000)
3. A VALID NORTH DAKOTA CONTRACTOR'S LICENSE (AS REQUIRED)
4. DOCUMENTATION OF ND COMMERCIAL PESTICIDE APPLICATOR'S LICENSE (IF APPLICABLE)

Applicant Signature

Date

***** My signature states that I request the issuance of a license under these requirements. *****

Entered: []

Total Due: \$ _____ Check No: _____

Approved: []

Date Paid: _____

Bond No: if applicable _____

License Expiration Date: _____

Bond Co: _____

Bond Expiration Date: _____