



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 with **City of Fargo as the certificate holder.**)
2. PERFORMANCE BOND (In an amount not less than \$25,000)
3. A VALID NORTH DAKOTA CONTRACTOR'S LICENSE
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: \_\_\_\_\_