



701 Washington • P.O. Box 603
Concordia, KS 66901
785-243-2670 • Fax: 785-243-3328

Tree & Shrub Care License Application

Applicant to Complete the Following:

Business Name: _____

Business Address: _____

Business Phone: _____

Is a copy of workers compensation and liability insurance attached? YES NO

Insurance Company: _____

Address/Phone #: _____

Insurance Agent: _____

Cancellation Clause Included? YES NO

Amount & Type of Coverage _____

Is the business involved in spraying or applying chemicals to trees and shrubs? YES NO

A Class 3A Kansas Commercial Pesticide Applicators license is required to spray trees and shrubs.

If Yes, please provide:

Kansas Commercial Pesticide Applicators Certificate Number: _____

Effective and Expiration Dates: _____

Applicant's Signature

Application Date

For Official Use Only

License Fee: _____ Amount Paid: _____

Receipt: _____ Approval: _____
