



701 Washington PO Box 603  
Concordia, Kansas 66901

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## 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

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For Official Use Only

License Fee: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Receipt: \_\_\_\_\_ Approval: \_\_\_\_\_

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