



Cleveland Heights Building Department  
 40 Severance Circle  
 Cleveland Heights, OH 44118  
 216-291-4900 / FAX 291-4421



**FORESTRY, TREE SURGERY OR TREE REMOVAL  
 LICENSE APPLICATION**

(for office use only)

LICENSE #

NAME

**917.19 - LICENSE REQUIRED FOR FORESTRY, TREE SURGERY OR TREE REMOVAL**  
 No person shall solicit for or engage in any kind of forestry or tree surgery, or tree removal work within the City without first obtaining a written permit from the Mayor. Written application shall be made to the Mayor accompanied by evidence of adequate and acceptable liability insurance coverage and proof satisfactory to the Mayor that the applicant is reasonably qualified by experience, training and reputation to engage in such work.

**DIRECTIONS:**  
 Supply the information requested below. Incomplete applications will be returned to applicants.  
**License fee is \$10.** Please make checks payable to the City of Cleveland Heights.  
*Individuals wishing to have their license mailed to them must enclose a self-addressed, stamped envelope.*

**(TYPE or PRINT the following information)**

Name of Company Owner \_\_\_\_\_

Home Address of Owner \_\_\_\_\_  
(ADDRESS) (CITY) (STATE) (ZIP)

Name of Company (if applicable) \_\_\_\_\_

Address of Company \_\_\_\_\_  
(ADDRESS) (CITY) (STATE) (ZIP)

Home Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_

Business Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Social Security # \_\_\_\_\_ Federal ID # \_\_\_\_\_

\*\*\*\*\*

INSURANCE EXPIRATION DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

APPLICANT'S SIGNATURE x \_\_\_\_\_

PRINT NAME x \_\_\_\_\_

DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

CHECK # \_\_\_\_ / CASH \_\_\_\_\_

DATE RECEIVED \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_