



**City of Valley City, North Dakota
Application for
Tree Trimming and Removal Service
License**

FOR PERIOD: January 1 – December 31

The undersigned hereby makes application for a license to the City of Valley City, North Dakota, and agrees to comply with the requirements of City Ordinances pertaining thereto.

Name of Business: _____

Owner: _____

Mailing Address: _____

City, State Zip Code: _____

Phone Number: _____

Email Address: _____

Today's Date: _____

File the following with the City Auditor as part of this application:

_____ **Certificate of Liability Insurance**

LICENSE FEE: _____ \$100 if **initial application**, make checks payable to City of Valley City
_____ \$50 if **renewal application**

RETURN TO: Valley City Auditor
254 2nd Ave NE
Valley City, ND 58072
Phone: (701) 845 – 1700