

**City of Brandon**  
**2024 APPLICATION for**  
**TREE PESTICIDE APPLICATORS LICENSE**  
**(License Fee: \$50.00)**  
**(Annual Renewal Fee: \$50.00)**

Company Information

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Name of Company as it is to appear on license (Individual name if no company is used.)

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Business Address:                      City                                      State                                      Zip Code

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Mailing Address:                      City                                      State                                      Zip Code

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Business Phone Number      Cell Phone Number                      Fax Number

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E-mail address

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Business Owners Name

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Name of Partners (if any)

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Name of Designated Supervisor                      Home Address                      Phone number(s)

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Name(s) and Titles of Corporate Officers

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South Dakota Excise Tax Number and Name as it appears on license

OATH/SIGNATURE

I hereby declare that any statements herein are true and complete, with the same effect as though given under oath.

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Applicant's Signature

Date

**INFORMATION BELOW TO BE COMPLETED BY CITY OF BRANDON**

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License Number

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Fee Paid

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Approved by