



Planning Department

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STAFF USE ONLY

Permit # _____
Intake by: _____
Date: _____
Fee Paid: _____
Receipt #: _____

Application & Checklist Pesticide/Herbicide Permit

Fee: \$25

Applications must be completed in full.

Incomplete applications will not be processed.

Non Refundable fee is due upon submitting application

Make checks payable to Chehalis Tribe or pay via PayPal at

<https://www.chehalistribe.org/products/business-license>

Applicant Name: _____ Business Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Cell Phone: _____ Fax: _____

Email: _____

Property Allotment Number, parcel number or legal description:

Property Address:

Name of Certified Applicator(s):

Name: _____ Phone: _____

Address: _____ City: _____ St: _____ Zip: _____

Email: _____

Name: _____ Phone: _____

Address: _____ City: _____ St: _____ Zip: _____

Email: _____

Name: _____ Phone: _____

Address: _____ City: _____ St: _____ Zip: _____

Email: _____

Pesticide/Herbicide Application Site Information:

Location of treatment site: _____

Total number of acres to be treated: _____

Product(s) name: _____

Date(s) Product will be applied: _____

Location of treatment site: _____

Total number of acres to be treated: _____

Product(s) name: _____

Date(s) Product will be applied: _____

Location of treatment site: _____

Total number of acres to be treated: _____

Product(s) name: _____

Date(s) Product will be applied: _____

(Attach additional sheets if needed.)

Checklist:

- Applicators License Attached (current year updated license)
- Certificate of Insurance Attached
- Cut sheet on Agents Attached (only if there are new chemicals from previous year)
- Federal Certification Approval Letter Attached
- Accurate map attached showing/describing application areas
- Other:

Print name: _____ Signature: _____

Date: _____