

APPLICATION FOR ARBORIST LICENSE

INSTRUCTIONS: TO BE COMPLETED BY THE ARBORIST IN THE BUSINESS. PRINT CLEARLY. Complete all blank spaces; if not applicable, write n/a.

Name of Business: _____ Tel. #: (____) _____

Address of Business (if less than 5 years, list prior address): _____

Hours & Days of Operation: _____ No. of Years in Business: _____

Owner's Full Name: _____ Date of Birth: _____

Owner's Home Address: _____ Tel. #: (____) _____

Arborist's name _____ Nassau County Contractor License _____ (encl. copy)

Are you a U.S. Citizen? _____ If not, have you applied for citizenship? _____

List below the names and addresses of all officers and employees in the business:

List below all vehicles used in the course of business: PLEASE ATTACH COPY OF VEHICLE REGISTRATIONS

YEAR	MAKE	LICENSE NO.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE ATTACH COPY OF LIABILITY, DISABILITY AND WORKMAN'S COMPENSATION INSURANCES

Insurance Coverage: Carrier Policy No. Expires

Liability:

Disability:

Workman's Comp.

State of New York)

County of Nassau) ss:

I, _____, hereby declare under oath, that I fully understand all of the above questions and have answered them truthfully, and should I be granted a license to operate within the Inc. Village of Munsey Park (and all my employees) will abide fully with all applicable Village Codes. I have received a copy of the Tree Preservation Local Law. I understand that this license, if granted, is *non-transferable* and will expire *December 31st* and that I agree to maintain a valid license as long as I conduct business in the Inc. Village of Munsey Park.

Sworn to before me this ____ day of _____, 20____, Signature _____

Notary Public, Nassau County, New York

Date: _____

- OFFICE USE ONLY -

___ APPROVAL ___ DISAPPROVAL

BY: _____

DATE: _____

LICENSE NO. _____

EXP. DATE _____

FEE PAID \$ _____

ID DECAL(S) ISSUED TO VEHICLE(S): _____