REGISTRATION #\_\_\_\_\_\_\_\_\_\_\_\_

**2023 ARBORIST REGISTRATION**

VILLAGE OF LLOYD HARBOR

32 MIDDLE HOLLOW ROAD

HUNTINGTON, NY 11743

PHONE: 631-549-8893 FAX: 631-549-8879

DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMPANY NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: DAY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EVENING\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FAX \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSURANCE REQUIRMENTS (CERTIFICATES MUST BE ATTACHED)**

Worker’s Compensation Insurance \_\_\_\_\_\_

Disability Benefits Insurance \_\_\_\_\_\_

Commercial General Liability Insurance \_\_\_\_\_\_

I agree to comply with Village Codes, **Chapters 183 and 184** regarding tree removal/Vista Permits, available online at: **lloydharbor.org** or at Village Hall, and am aware any violation(s) of said codes may result in revocation of registration and/or fines.

**Arborist’s Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ANNUAL FEE $100.00**

MAIL completed application and a **self – addressed, stamped envelope** with a check payable to: **Village of Lloyd Harbor,** 32 Middle Hollow Rd. Huntington, NY 11743

DATE APPROVED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPROVED BY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FORM OF PAYMENT: CASH \_\_\_\_\_\_\_\_\_\_ CHECK # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REGISTRATION IS ANNUAL AND EXPIRES ON DECEMBER 31ST OF THE YEAR ISSUED**