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

 **2024 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CELL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 regarding noise/tree removal/Vista Permits, etc. These include but are not limited to **Code Chapters 141, 183 & 184** available online at: **lloydharbor.org** or at Village Hall. I am aware that any violation(s) of these codes may result in revocation of registration and/or fines.

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

**ANNUAL FEE $250**

**Tree contractor permitted hours of service:**

 **8:00 a.m. - 6:00 p.m., Monday - Friday**

 **9:00 a.m. - 3:00 p.m. on Saturday**

 **Prohibited on Sunday**

**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**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* OFFICE USE \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APPROVED BY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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