



Village of Lloyd Harbor, Inc. Huntington, New York

Jean M. Thatcher
Mayor

Jill Cervini
Clerk-Treasurer

VILLAGE OFFICES

32 Middle Hollow Road • Huntington, New York 11743 • (631) 549-8893 • Fax (631) 549-8879

January 01, 2026

Dear **Tree Removal/Landscape Contractor**,

If you provide tree removal and landscaping services in the Village you **must complete both forms.**

Submit the appropriate form(s), include all required proof of insurance, fees, and if applicable, copies of registrations for all landscaping vehicles. Return to Village Hall with a **self-addressed stamped envelope.**

Additional fees apply only if you have more than two landscaping vehicles (\$50 each)

Contact Village Hall if you have any questions at **631-549-8893** or via email at **LHVH@lloydharbor.org**



2026 LANDSCAPER REGISTRATION

VILLAGE OF LLOYD HARBOR, INC.

32 MIDDLE HOLLOW ROAD

HUNTINGTON, NY 11743

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

Email: LHVH@lloydharbor.org

FEES: *Commercial Landscaper (including 2 vehicle decals) \$250.00

***Decals for additional vehicles- \$50.00 each**

DATE: _____ LANDSCAPE COMPANY NAME: _____

APPLICANT NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

PHONE: _____ ALTERNATE # : _____

EMAIL: _____

Company Owner/Authorized Representative Signature _____

of Vehicles _____ Include copies of registration for each vehicle. (if more than 6 vehicles, use reverse side of this form). Vehicle must be owned, leased or otherwise used by the landscaping company listed above.

License Plate # _____ License Plate # _____

License Plate # _____ License Plate # _____

License Plate # _____ License Plate # _____

INSURANCE REQUIREMENTS (CERTIFICATES MUST BE ATTACHED)

Worker's Compensation Insurance _____

Disability Benefits Insurance _____

Commercial General Liability Insurance _____

Landscape contractor permitted hours of service:

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

9:00 a.m. - 4:00 p.m. on Saturday

Prohibited on Sunday

******* OFFICE USE *******

DATE: _____ APPROVED BY _____ REGISTRATION # _____

FORM OF PAYMENT: CASH _____ CHECK # _____ AMOUNT PAID _____

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

10/25