

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

**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](http://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 31<sup>ST</sup> OF THE YEAR ISSUED**