1126 EAST STATE ROAD 434
WINTER SPRINGS, FLORIDA 32708-2799
Telephone (407) 327-6584

ARBOR LICENSE APPLICATION

BUSINESS NAME: _____ PHONE: _____

BUSINESS ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ EMAIL: _____

MAILING ADDRESS (IF DIFFERENT THAN ABOVE): _____

CITY: _____ STATE: _____ ZIP CODE: _____ FAX: _____

COMPANY TYPE (EX: SOLE PROPRIETOR, CORPORATION, L.L.C.): _____

FEIN # (TAX ID): _____ **CORPORATE OFFICER NAME:** _____

COPRORATE OFFICER TITLE: _____ DRIVER'S LICENSE: _____

DRIVER'S LICENSE ISSUING STATE: ____ HOME PHONE: _____

TYPE OF BUSINESS: _____

_____

Complete This Section For Business Tax Receipts, General Liability & Workmen's Comp. Information.

PLEASE PROVIDE AND ATTACH THE FOLLOWING INFORMATION:

- ☐ FICTITIOUS NAME REGISTRATION (COPY OF STATE INFO) **-OR-** INCORPORATION PAPERS (FLORIDA CORP. CHARTER PAGE)
- ☐ COPY OF DRIVER'S LICENSE
- ☐ PROOF OF WORKMEN'S COMPENSATION INSURANCE
- ☐ PROOF OF GENERAL LIABILITY INSURANCE
- ☐ BUSINESS TAX RECEIPT(S)
- ☐ _____

Note: *Any Change In Business Location Or Status MUST Be Provided To The City In Writing Within 30 Days.*

I, _____, CERTIFY THAT I HAVE READ AND UNDERSTAND ALL OF THE APPLICABLE INFORMATION RELATED TO THIS ARBOR LICENSE APPLICATION AND THAT EVERYTHING THAT I ATTEST TO IS CORRECT, TO THE BEST OF MY KNOWLEDGE.

_____ _____

APPLICANT SIGNATURE **DATE**

***The City's fiscal year is from October 1st through September 30th of each calendar year, therefore your Arbor License will be due for renewal on September 30th of the calendar year.*