INC. VILLAGE OF MUNSEY PARK
1777 Northern Blvd, Manhasset, NY 11030
(516) 365-7790

APPLICATION FOR ARBORIST LICENSE

INSTRUCTIONS: TO BE COMPLETED BY THE ARBORIST IN THE BUSINESS. **PRINT CLEARLY.** Complete all blank spaces; if not applicable, write n/a.

Name of Business: _____ Tel. #: (_____)_____

Address of Business (if less than 5 years, list prior address): _____

_____

Hours & Days of Operation: _____ No. of Years in Business: _____

Owner's Full Name: _____ Date of Birth: _____

Owner's Home Address: _____ Tel. #: (_____)_____

Arborist's name_____Nassau County Contractor License_____(encl. copy)

Are you a U.S. Citizen? _____ If not, have you applied for citizenship? _____ __

List below the names and addresses of all officers and employees in the business:

_____

_____

_____

List below all vehicles used in the course of business:

YEAR	MAKE	LICENSE NO.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Insurance Coverage:

	Carrier	Policy No.	Expires
Liability:			
Disability:			
Workman's Comp.			

State of New York)

County of Nassau) ss:

I, _____, hereby declare under oath, that I fully understand all of the above questions and have answered them truthfully, and should I be granted a license to operate within the Inc. Village of Munsey Park (and all my employees) will abide fully with all applicable Village Codes. I have received a copy of the Tree Preservation Local Law. I understand that this license, if granted, is *non-transferable* and will expire *December 31st* and that I agree to maintain a valid license as long as I conduct business in the Inc. Village of Munsey Park.

_____

Sworn to before me this ____ day of _____, 20____. Signature

_____

Notary Public, Nassau County, New York

Date: _____

- OFFICE USE ONLY -

___ APPROVAL ___ DISAPPROVAL BY: _____ DATE: _____

LICENSE NO. _____ EXP. DATE _____ FEE PAID _$_____

ID DECAL(S) ISSUED TO VEHICLE(S): _____