



City of Weston
c/o Calvin, Giordano & Associates, Inc.
1800 Eller Drive, Suite 600
Fort Lauderdale, Florida 33316
(954) 921-7781; FAX (954) 921-8807

TREE SERVICE/ARBORIST ANNUAL REGISTRATION

Part I

Business Name: _____

Business Address: _____

City _____ **State** _____ **Zip** _____

Office Phone: _____ **Office Fax:** _____

E-mail Address: _____

Owner: _____

Home Address: _____

City _____ **State** _____ **Zip** _____

Home Phone: _____ **Home Fax:** _____

Provide Photocopies of the Following Documents

City Business Tax Receipt: No. _____
(i/k/a Occupational License)

Broward County Business Tax Receipt: No. _____
(i/k/a Occupational License)

ISA Training Certificate: No. _____

Broward Co. Certificate of Competency: No. _____
(Class A or Class B)

City of Weston
TREE SERVICE/ARBORIST ANNUAL REGISTRATION
Part II

Provide Photocopies of the Following Documents

Certificates of Insurance Must List the City Of Weston As The Certificate Holder

<i>General Liability</i>	<i>Expiration Date:</i> _____
<i>Workers Compensation</i>	<i>Expiration Date:</i> _____
<i>Workers Compensation Exemption</i>	<i>Expiration Date:</i> _____

I hereby certify that the information contained herein is true and accurate to the best of my knowledge:

Signature *Date*

The foregoing was acknowledged before me this _____ day of _____, 20____, by _____ who is _____ personally known to me or produced the following identification: _____

(Printed or typed name) *My Commission Expires:* _____

Annual Administrative Fee: **\$95.00** *Checks payable to the City of Weston*

Issue Date _____ *Expiration Date:* _____