



**City of Weston**  
17250 Royal Palm Blvd.  
Weston, FL 33326  
(954) 385-0500; FAX (954) 384-7723

---

## **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:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

### **Provide Photocopies of the Following Documents**

**City Business Tax Receipt:** **No.** \_\_\_\_\_  
(f/k/a Occupational License)

**Broward County Business Tax Receipt:** **No.** \_\_\_\_\_  
(f/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***

**General Liability** Expiration Date: \_\_\_\_\_

**Workers Compensation** Expiration Date: \_\_\_\_\_

**Workers Compensation Exemption** Expiration Date: \_\_\_\_\_

*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: \_\_\_\_\_