

**Inc. Village of Lattingtown
P.O. Box 488
299 Lattingtown Road
Locust Valley, NY 11560
516-676-6920/Fax: 676-8220**

Application for Annual Tree Service License

Date: _____

Business Name _____

Business Owner(s) Name _____

Address _____

Telephone number of Business owner: Day _____

Evening/Weekend _____

Certificates of Insurance Requirements: (Must be Attached)

- Worker's Compensation Insurance ____
- Disability Benefits Insurance ____
- Public Liability Insurance ____
- Property Damage Liability Insurance ____

Annual Fee

Initial License Fee - \$25.00

Annual Renewal Fee - \$25.00

Checks should be made out to the Incorporated Village of Lattingtown.

I have read the attached Village of Lattingtown Tree Ordinance and understand and agree to follow said requirements for tree work as they pertain to any service I provide to Village residents. Failure to comply with this Ordinance while providing service in the Village of Lattingtown is punishable as a Class A Misdemeanor pursuant to section 210.45 of the Penal Law.

Applicant/Title _____ Date _____

Date Fee Paid: _____

Date License Approved: _____ Date License Expires: _____

Village Clerk: _____

