



# CITY OF WINTER SPRINGS

1126 East State Road 434  
Winter Springs, FL 32708  
Phone: 407-327-1800 Fax: 407-327-4784  
www.winterspringsfl.org

## ARBOR LICENSE APPLICATION

BUSINESS NAME: \_\_\_\_\_

OFFICE: \_\_\_\_\_ CELL: \_\_\_\_\_ FAX: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT THAN ABOVE): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

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

PLEASE PROVIDE AND ATTACH THE FOLLOWING INFORMATION:

- 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 30<sup>th</sup> of each calendar year, therefore your Arbor License will be due for renewal on September 30<sup>th</sup> of the calendar year.*