



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:** _____
COMPANY TYPE (EX: SOLE PROPRIETOR, CORPORATION, L.L.C.): _____
FEIN # (TAX ID): _____ **CORPORATE OFFICER NAME:** _____
CORPORATE OFFICER TITLE: _____ **DRIVER'S LICENSE:** _____
DRIVER'S LICENSE ISSUING STATE: _____ **HOME PHONE:** _____
TYPE OF BUSINESS: _____

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

PLEASE PROVIDE AND ATTACH THE FOLLOWING INFORMATION:

- FICTITIOUS NAME REGISTRATION (COPY OF STATE INFO) **-OR-**
INCORPORATION PAPERS (FLORIDA CORP. CHARTER PAGE)
- COPY OF DRIVER'S LICENSE
- PROOF OF WORKMEN'S COMPENSATION INSURANCE
- PROOF OF GENERAL LIABILITY INSURANCE
- PROOF OF AUTO INSURANCE
- BUSINESS TAX RECEIPT(S)

Note: Any Change In
Business Location Or
Status **MUST** Be
Provided To The City In
Writing Within 30
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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 30th of each calendar year, therefore your Arbor License will be due for renewal on September 30th of the calendar year.*