



**CITY OF WINTER SPRINGS
COMMUNITY DEVELOPMENT DEPARTMENT**

1126 East State Road 434
Winter Springs, Florida 32708
customerservice@winterspringsfl.org
Application – Arbor License

BUSINESS INFORMATION

Business Name: _____ Date: _____
Business Address: _____
Email: _____
Phone Number: _____
Business Website: _____
Mailing Address (if different than above): _____
Company Type (sole proprietor, corporation, LLC): _____
FEIN # (Tax ID): _____ Corporate Officer Name: _____
Corporate Office Title: _____ Driver's License: _____
Driver's License Issuing State: _____ Phone Number: _____
Type of Business: _____

REQUIRED DOCUMENTATION

- ___ Fictitious Name Registration (Copy of state info) OR incorporation papers (Florida corporation 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)

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 Name (Print): _____

Applicant Signature: _____ Date: _____