TREE TRIMMING REGISTRY
APPLICATION FORM

APPLICATION

Company Name: _____

Company Address: _____

Point of Contact Name: _____ P.O.C Phone # _____

E-mail address: _____ Website: _____

Commercial shopping center assigned to (if applicable): _____

Business owner name (print): _____ Signature: : _____

COMMERCIAL & PRIVATE TRIMMER AND TREE SERVICE REGISTRATION REQUIREMENTS

Landscaper shall mean any person, company, corporation or service which does regularly, for compensation or fee, installation, planting, and maintenance of yards and grounds; planting, pruning, removal and care of trees; and/or planting, cutting and care of grass and shrubs can voluntarily register with the Town of Miami Lakes.

a.   Registration shall include the following supplemental documents:

    i.   A copy of the applicant's valid driver's license or other form of photo identification
    ii.   A copy of the applicant's current Local Business Tax receipt
    iii.   Signed acknowledgement that the applicant has been provided with a copy of the Town's tree pruning and removal regulations and that the applicant has read and agreed to the requirements
    iv.   A certificate of insurance, reflecting a minimum of three hundred thousand dollars ($300,000.00) of commercial general liability insurance to include bodily injury and property damage. The applicant shall certify compliance with Chapter 440, Florida Statutes, Worker's Compensation Insurance, as amended. The Worker's Compensation insurance shall be for landscapers and tree trimmers. The policy(ies) of insurance shall be issued in the name of the applicant or the business organization. The Town of Miami Lakes shall be named as additional insured. A copy of the required policy(ies) or a copy of a certificate of insurance shall be available for inspection at each site where landscaping or tree trimming activities are in progress
    v.   Does your company employ a certified Arborist? If so, please provide name and license number
    vi.   Completed training program on proper pruning practices certificate
    vii.   Three (3) years of experience in tree trimming or related arboriculture field
    viii.   Three (3) client references or portfolio of past projects

b.   A landscaper's registration shall be valid for a period of (1) one year (January 1 – December 31).
- Registrations are not transferable or assigned to any other person or entity.
- A $75.00 annual license and registration fee is due on or before January 1st of every year.

Tree Removal Permit Requirements

Any individual or company who intends to remove a tree from any commercial or private property must obtain a Tree Removal Permit from the Town's Parks and Recreation Department in accordance with the Towns Tree Protection Ordinance.

NEW APPLICATION CHECKLIST

- Copy of valid driver's license or other form of photo identification
- Copy of Local Business license tax receipt
- Signed acknowledgement of the Town's "Tree Pruning and Tree Removal Regulations"
- Certificate of insurance and workmen's compensation (see above instructions)
- Copy of any state or county licenses/certificates/continuing education
- Completed training program on proper pruning practices certificate
- Three (3) years of experience in tree trimming or related arboriculture field
- Three (3) client references or portfolio of past projects

- Copy of Local Business license tax receipt
- Certificate of insurance and workmen's compensation (see above instructions)
- Copy of articles of incorporation (if changed from previous renewal)
- Updated copies of any state or county licenses/certifications/continuing education

Landscaper's whom perform work within the Town shall have the name as shown on their landscaper registration clearly marked on each of their vehicles located on site: and can display a Town-issued registration Decal on **each vehicle working within the Town**.

Vehicle Information:

Make/Model	Tag No.	Vehicle Registered Owner, Name and Address	(office Use – Sticker #)

By signing this form, the applicant affirms that the information submitted in this application is true and correct to the best of his/her knowledge.

Signature _____   Date _____

Name _____

Registration and Permitting: To register with the Town, obtain a tree-trimming permit or to obtain information, please contact the Parks and Recreation Department at 305-558-0382 or parks@miamilakes-fl.gov