APPLICATION FOR
TREE REMOVAL CONTRACTOR’S LICENSE

NAME OF COMPANY: ____________________________________________

OWNER’S NAME: _______________________________________________

COMPANY ADDRESS: ____________________________________________

COMPANY PHONE: (______________)______________________________

EMAIL: ______________________________________________________

<table>
<thead>
<tr>
<th>VEHICLE MAKE</th>
<th>YEAR</th>
<th>LICENSE PLATE</th>
<th>DECAL #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Trailers used in combination with another vehicle will be considered one unit.

Please attach the following:
1. Certificate of Professional/General Liability Insurance (may be faxed to 973-509-0874). Certificate must show the effective and expiration dates.
2. A check made payable to the Township of Montclair in the amount of $75.00.
3. Must present a copy of a valid registration certificate issued pursuant to New Jersey Tree Experts and Tree Care Operators Licensing Act in order to obtain a Tree Removal Contractor permit from the Township of Montclair. (in effect Jan 2014)
   I agree to comply with all of the provisions of Montclair Township Ordinance O-12-44.
   This license will expire September 30, 2017.

Applicant’s Name __________________________________________ Date ___________