



TOWNSHIP OF WEST ORANGE
DEPARTMENT OF PUBLIC WORKS
25 LAKESIDE AVENUE
WEST ORANGE, NEW JERSEY
ANNUAL APPLICATION AS A TREE CARE PROFESSIONAL

A. Applicants Name _____
Business Name _____
Business Address _____

B. Business Contact Information: Office _____
Cell _____
Fax _____
Email _____

Is this application for an:

C. Individual – name of individual _____ Residential Address _____
_____ _____
_____ _____

D. Partnership Name of partners _____ Residential Address for Partners _____
_____ _____
_____ _____

Name of Partners

Name of Partners

E. Corporation or Other Entity _____

Names of all corporate officers and stockholders who hold more than 10% of its stock, name and addresses.

Name of Corporate Officer or Stockholder

Residential Address for Officers or Stockholders

Name of Corporate Officer or Stockholder

Name of Corporate Officer or Stockholder

Name and address of the Registered Agent

Address of the principal corporation office

F.	Yes	No	Whether the Applicant or any partners or officers thereof have ever been convicted of a crime, and if so state the name of the person convicted, the date of conviction, the crime or charge involved and the disposition thereof on an attachment.
G.	Yes	No	Whether the Applicant of any partner, shareholder or officer has been named in a complaint to the State or County, the Division of Consumer Affairs, the Better Business Bureau or any other similar agency and the disposition of such a complaint. If yes, please state all the particulars of the incident or incidents involved on an attachment.
H.	Yes	No	Whether the Applicant or any partner, shareholder or officer has been named party defendant in a civil suit for any reason related to his or her work as contractor or subcontractor as defined above and the disposition of such litigation. If yes, please state all the particulars of the incident or incidents involved on an attachment.
I.			The number of years the Applicant has been in business at its present business address and all prior locations. Location _____ number of years _____
J.			Evidence of state licensure under the Tree Expert and Tree Care Operator Licensing Act, N.J.S.A. 45:15C-11, et seq. Attach a photocopy of valid certification.
K.			Acknowledgement and Certification that the Applicant has reviewed Chapter 25, Section 27 of the Revised General Ordinances of the Township of West Orange Township.
			5-26.5 <u>License Term and Transferability</u>
		a.	All licenses shall be used for the term or one year and shall expire at the end of the Calendar Year.
		b.	Licenses shall not be transferable, separable, or divisible

I am the authorized registered agent of the above stated business.

I have answered the above questions honestly and to the best of my ability.

I have thoroughly read and am familiar with the West Orange Township Tree Protection and Removal Ordinance.

Signature of Applicant

Date

