



**CITY OF PORT ORANGE
COMMUNITY DEVELOPMENT
1000 CITY CENTER CIR
PORT ORANGE, FL 32129
(386) 506-5602
BUILDINGPERMITS@PORT-ORANGE.ORG**

TREE CONTRACTOR REGISTRATION APPLICATION

This application must be submitted with your City business tax, general liability insurance, and worker's comp or exemption.

Business Name: _____

Name of Qualifier: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

***Note* It is your responsibility as a contractor to be knowledgeable of all statutes, codes, ordinances, and standards that relate, or may relate, to the trade being applied for herein.**

I, _____, do hereby affirm that the information contained herein is complete and correct.

Applicant's Signature: _____

STATE OF FLORIDA, COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me by means of [] physical presence or [] online notarization on this _____ by _____, who is personally known to me or who has produced _____ as identification and who did (did not) take an oath.

Notary Public, Commission No. _____

(Name of Notary typed, printed, or stamped)