

**CITY OF SHELBY
APPLICATION FOR URBAN FORESTRY REGISTRATION
Tel. 704-484-6831**

(SEE REVERSE SIDE FOR INSTRUCTIONS)

REGISTRATION DUE: _____

PENALTY BEGINS: _____

(PLEASE TYPE OR PRINT INFORMATION BELOW)

NAME OF BUSINESS		
MAILING ADDRESS		
CITY	STATE	ZIP

FOR OFFICE USE ONLY	
REGISTRATION NO.	ACCOUNT NO.
ZONING or P.D.	
APPROVED	
DENIED	
AUTHORIZED SIGNATURE	

PHYSICAL LOCATION OF BUSINESS _____

DATE OPERATION BEGAN (IF LESS THAN A YEAR) _____

CATEGORY NO.	CATEGORY DESCRIPTION	CHECK IF APPLICABLE	AMOUNT PER UNIT	TOTAL
1	Lawn Maintenance			
2	Tree			
3	Landscaping			
4	Irrigation Activities			
5	Other (describe)			

<p>REMIT WITH CHECK TO:</p> <p align="center">↓</p> <div style="border: 1px solid black; padding: 5px; font-size: small;"> CITY OF SHELBY COLLECTIONS OFFICE P.O. BOX 207 SHELBY, N.C. 28151-0207 </div>	<p>ON OR BEFORE</p> <p align="center">↓</p> <p>JULY 1ST EVERY YEAR</p>	<p align="right">SUB TOTAL</p> <p align="right" style="font-size: x-small;">PENALTY: (5% PER MONTH RETROACTIVE TO JULY 1)</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p align="right">TOTAL: PAY THIS AMOUNT </p> </div>
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SIGNED: _____ TITLE: _____ DATE: _____

APPLICANT'S MAILING ADDRESS _____ APPLICANT'S PHONE NO.: _____

INSTRUCTIONS FOR MAKING APPLICATION FOR URBAN FORESTRY REGISTRATION

No person, unless exempted, may conduct any business within the City without first paying the registration fee required by the CITY CODE or without a valid Urban Forestry Permit issued pursuant to the CITY CODE.

1. Make corrections to name and address, if necessary.
2. Give address of physical location of place of business. (Post office box will not be accepted for local business address.)
3. Please list business telephone number.
4. If new business, give date that business first operated.
5. Verify categories of operation: i.e., Landscaping Activities, Tree Trimming, Yard Maintenance, etc. Include any additions or note any deletions.
6. Sign and date application.
7. Give mailing address and telephone number of person making application.
8. RETURN SIGNED APPLICATION WITH PAYMENT. (If application is for new business, after approval by Zoning Department of Police Dept., a permit will be mailed to you.)
9. City of Shelby must receive a copy of insurance certification from insurance provider at time of registration.
10. If your business is no longer in operation, please return this application form, stating last day of business operation.
11. If you have any questions concerning this application form, please call the Collections Office at 704-484-6831.

MAIL APPLICATION TO ADDRESS BELOW:

CITY OF SHELBY
COLLECTIONS OFFICE
P.O. BOX 207
SHELBY, N.C. 28151-0207