

VILLAGE OF CRETE

524 W. Exchange Street

P.O. Box 337

Crete, IL 60417

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www.villageofcrete.org

TREE REMOVAL SERVICE CONTRACTOR REGISTRATION ONLY (No charge)

BUSINESS NAME: _____

ADDRESS: _____

PHONE # _____

OWNER: _____

ADDRESS: _____

PHONE # _____

ADDRESS OF CURRENT JOB SITE: _____

CURRENT LICENSE NUMBER: _____

CERTIFICATE OF INSURANCE IS REQUIRED

SIGNATURE OF APPLICANT

DATE: _____

**ANY MISREPRESENTATION OR FALSIFICATION OF THIS APPLICATION MAY RESULT IN THE
REVOCATION OF THE LICENSE AS GRANTED.**

**PURSUANT TO VILLAGE OF CRETE ORDINANCE ALL CUTTINGS, BRANCHES,
CLIPPINGS AND DEBRIS MUST BE REMOVED BY THE CONTRACTOR
PERFORMING THE WORK AS HIRED.**