

Finance Department/Collection Division
 Coral Gables City Hall
 405 Biltmore Way
 Coral Gables, FL 33134
 305-460-5296
www.coralgables.com

City of Coral Gables
Local Landscape Vehicle Registration

Year _____
 (Expires December 31st)



Account No. _____

LBT No. _____

TO BE COMPLETED BY APPLICANT

Company Name (if applicable) _____

Company/Owner's Address _____ Company Phone (if applicable) _____

Name of Owner/President _____ Mobile Phone _____

Email Address _____ Owner Driver's License No. _____

Emergency Contact Name _____ Phone Num. _____

Vehicle Information (List all – use reverse side if necessary)

Finance Use-

Make	Truck/Trailer	Tag No.	Vehicle Registered Owner, Name and Address	Registration No.

Services to be provided: (Check all that apply)

Landscape Maintenance

Tree Trimming

Certification number _____

(As required by City Code Section 82-27)

List all addresses being serviced in the City of Coral Gables at the time of application submission. Please indicate the method of trash/disposal as (L) Leave at Property or (H) Haul Away. (Use reverse side if necessary)

Address	Method	Address	Method

In accepting this registration form the City of Coral Gables in no way endorses, warrants or otherwise recommends the quality of work, experience, legality, character, reputation, background (criminal or otherwise) or qualifications of the tree trimmer landscaper or landscaping company. In signing this form, applicant affirms that the information submitted in this application is true and correct to the best of his/her knowledge and that he/she is subject to the City's False Claims Ordinance, Ch. 39 of the City Code.

Print Name: _____ Signature: _____ Date: _____