

VILLAGE OF AIRMONT
251 CHERRY LANE
P.O. BOX 578
TALLMAN, NY 10982
845-357-8111 FAX 845-357-8307

LICENSE # _____

PRIVATE SNOW REMOVAL CONTRACTORS LICENSE APPLICATION

BUSINESS NAME:		
OWNER NAME:		
BUSINESS ADDRESS:		
PHONE:	FAX:	CELL:
EMAIL ADDRESS:		

PERSON COMPLETING APPLICATION IF DIFFERENT THAN BUSINESS OWNER:

NAME:
TITLE:

BUSINESS STATUS:

INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION _____ LLC _____

TOWN OF RAMAPO SNOW PLOW PERMIT

NO. _____ (PLEASE ATTACH COPY)

CERTIFICATE OF INSURANCE

(Naming the Village of Airmont as additionally insured and the certificate holder)

NO. _____ (PLEASE ATTACH COPY)

WORKERS COMPENSATION INSURANCE CERTIFICATE

NO. _____ (PLEASE ATTACH COPY)

VEHICLES IN FLEET:

COPIES OF VEHICLE REGISTRATION CARDS ARE REQUIRED

MAKE & YEAR	MODEL	LICENSE PLATE # INCLUDE STATE

\$20.00 LICENSE FEE RECEIVED IN: CASH _____ CHECK _____ CHECK # _____

PLEASE READ, INITIAL and DATE BELOW:

I UNDERSTAND THAT BY FILING THIS LICENSE, I AM STATING I AM FULLY AWARE OF THE VILLAGE OF AIRMONT SNOW PLOWING LAW. I HAVE
 A SNOW PLOWING PERMIT FROM THE TOWN OF RAMAPO AND HAVE THE APPROPRIATE WORKERS COMPENSATION AND DISABILITY INSURANCE.

Initial Date

I AGREE TO OBEY ALL ORDINANCES, LAWS, AND REGULATIONS PERTAINING TO THIS LICENSE. I ALSO AGREE TO HOLD THE VILLAGE OF AIRMONT HARMLESS, IN CASE OF ANY ACCIDENT OR ON ACCOUNT OF ANY DANGER ARISING FROM THE EXERCISE OF THIS LICENSE.

Initial Date

THE APPLICANT AND THE UNDERSIGNED IF DIFFERENT THAN THE APPLICANT, HEREBY CERTIFIES THAT THE FOREGOING IS TRUE AND CORRECT.

Signature

Date

Title

YOU ARE REQUIRED TO NOTIFY THIS OFFICE IMMEDIATELY OF ANY CHANGE(S) TO THE INFORMATION SUPPLIED ON THIS APPLICATION

THIS LICENSE SHALL COMMENCE ON NOVEMBER 15TH AND EXPIRE THE FOLLOWING NOVEMBER 14TH

LICENSE

APPROVED BY: _____ **DATE:** _____

DENIED BY: _____ **DATE:** _____

REASON FOR DENIAL:

DATE: _____