

VILLAGE OF PORT WASHINGTON NORTH

3 Pleasant Avenue Port Washington, New York 11050

Tel: 516-883-5900 Fax: 516-883-5926

portwashingtonnorth.org

Date Approved/Denied _____

Date Paid _____

Denial Basis _____

Permit Expires 12/31/____

Village Clerk _____

APPLICATION FOR LANDSCAPER LICENSE

The undersigned does hereby apply for a Landscaper License:

Company Name _____ Phone _____

Address _____

Corporate Officers' & Directors' Names, Addresses & Telephone Numbers:

_____	_____
_____	_____
_____	_____
_____	_____

License Plate Numbers of Any Vehicles to Be Used in Providing the Landscaper Service:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Submit:

Copy of current Nassau County Department of Consumers Affairs License

Workers Compensation Insurance Certificate

Business Liability Insurance Certificate for each vehicle

Copy of New York State Motor Vehicle Registration for each vehicle

Fee \$25 for first vehicle; \$5 for each additional vehicle

Applicant's Signature _____ Applicant's Name _____