

INC. VILLAGE OF WILLISTON PARK
494 WILLIS AVENUE
WILLISTON PARK, NY 11596

APPLICATION FOR LANDSCAPING GARDENING LICENSE

CALENDAR YEAR - _____

LICENSE NUMBER _____ DATE ISSUED _____

NAME OF APPLICANT: _____

RESIDENCE ADDRESS: _____

CITY _____ STATE _____ ZIP _____ PHONE _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

CITY _____ STATE _____ ZIP _____ PHONE _____

YEAR MAKE MODEL NYS PLATE # FOR OFFICE USE

PLEASE ATTACH THE FOLLOWING INSURANCE CERTIFICATES:
Certificate of Insurance naming the VILLAGE OF WILLISTON PARK as additional insured.
WORKERS COMPENSATION CERTIFICATE or sworn statement before Notary Public that no person or persons are employed.
PROPERTY DAMAGE INSURANCE in the amount of not less than \$50,000/\$100,000
LIABILITY INSURANCE in the amount of not less that \$100,000/\$300,000

When Insurance Policy is issued in the name of a Corporation, said policy MUST INCLUDE the name of the Individual Licensee.

I SOLEMNLY SWEAR TO THE TRUTH OF THE ABOVE STATEMENTS.

Signature of Applicant