

Incorporated Village of Malverne

99 Church Street, Malverne, NY 11565

516-599-1200 Fax: (516) 599-0613

REQUIREMENTS FOR A LANDSCAPING LICENSE

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

APPLICATIONS FOR A LICENSE WILL BE DENIED IF YOU OR YOUR COMPANY HAVE OUTSTANDING SUMMONSES UNLESS YOU OR YOUR COMPANY HAVE SPECIFICALLY REQUESTED AND RECEIVED APPROVAL FOR AN EXTENSION TO PAY THE SUMMONSES.

1. License application form.
2. Certificate of **Liability Insurance** with the Village of Malverne listed as **Certificate Holder**. The **Certificate of Insurance** must list a **business description in the box entitled "Description of Operations"** and the **Village of Malverne** must be listed as an **additional insured**. (See below example.) There is a **\$2,000,000 aggregate and \$1,000,000 per occurrence limit for Liability Insurance**.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

- * Describe your business - "Landscaper" and/or "Tree Removal"
- * "Incorporated Village of Malverne included as additional insured"

CERTIFICATE HOLDER

Incorporated Village of Malverne
99 Church Street
Malverne, NY 11565

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

3. Copy of Certificate of **Disability Benefits insurance coverage AND Workers Compensation Insurance** with the Village of Malverne listed as the **CERTIFICATE HOLDER**. If you employ no help then you must submit a Waiver (**CE-200**) from the NYS Workers Compensation Board. **Acord forms will NOT be accepted as proof Workers Compensation Insurance OR Disability Insurance**.
4. Copy of your Nassau County Landscaping License or Tree Surgeon License.
5. Copies of your registrations for all motorized vehicles used in your business.
6. A copy of your New York State Department of Environmental Pesticide Applicators Licenses (when applicable).
7. A copy of your Dumping Permit (or current receipt for same).

We will not issue license renewals unless all documents are provided. Failure to renew your license will result in a summons being issued by the Malverne Police Department/Building Department.

The Contractor shall be responsible for the disposal of all yard waste and debris. No debris will be placed at the curb or in the roadway as stated in Malverne Local Law # 7 of 1987.

All applications must be signed and notarized.

The fees are as follows:

1 st Truck	\$ 100.00
Each additional truck	\$ 50.00
No charge for trailers	

INCORPORATED VILLAGE OF MALVERNE

APPLICATION - COMMERCIAL LANDSCAPERS, GARDENERS & TREE SURGEONS

DATE: _____

- 1. Name: _____ Bus. Tel# _____
- 2. Business Name: _____
- 3. Business Address: _____
- 4. Nassau County Landscaper/Tree Surgeon License # _____ Exp. Date _____
- 5. Please list all vehicles to be used in your business. If additional room is required, list on attached sheet.

<u>Truck(s) Year/Make/Model</u>	<u>Plate#</u>	<u>Registration Expires</u>	<u>Permit#</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 6. Dumping Site: _____ Dump Permit # _____
- 7. NYS Dept. of Environment Pesticide Applications License # _____
- 8. Liability Insurance Policy #: _____ Expiration Date: # _____
- 9. Declarations Page/Schedule Operations Attached _____ \$2,000,000 Aggregate, \$1,000,000 Each Occurrence
- 10. Workers Compensation Policy# _____ Exp. Date _____ Waiver _____
- 11. Disability Insurance Policy # _____ Exp. Date _____ Waiver _____

APPLICANT IS RESPONSIBLE FOR MAINTAINING CURRENT INSURANCE AND MUST PROVIDE THE VILLAGE WITH UPDATED INSURANCE CERTIFICATES DURING THE YEAR OR LICENSE WILL BE REVOKED.

12. PLEASE NOTE:

- **APPLICATIONS FOR A LICENSE WILL BE DENIED IF YOUR COMPANY HAS OUTSTANDING SUMMONSES**
- The contractor shall be responsible for the disposal of all yard waste and debris. No debris will be placed at the curb or in the roadways.
- Name of your company shall be indicated on both sides of any vehicle used along with the company's address and telephone number.
- **Permit will be displayed on Driver's Door**
- Annual fee of \$ 100.00 for the 1st truck and \$ 50.00 each additional truck due January 1st of each year.

CONDITIONS FOR LICENSING: SIGN HERE INDICATING THAT YOU UNDERSTAND THE INSURANCE REQUIREMENTS AND HAVE READ PARAGRAPH 12 AND UNDERSTAND THE TERMS.

(Signature)

FAILURE TO COMPLY WILL RESULT IN REVOCATION OF YOUR LICENSE AND/OR A SUMMONS BEING ISSUED BY THE MALVERNE POLICE DEPARTMENT

State of New York
County of Nassau

_____, being duly sworn, deposes and says that he/she is the person or entity whose business involves the placing, planting, arranging, trimming, cutting and removing trees, maintenance of lawns, trees, bushes, shrubs, gardens and related appurtenances on land or property for the purpose of improving same. That all statements made in this application are true to the best of his/her knowledge and belief, and that he/she agrees to the above conditions for licensing in the Village of Malverne.

Sworn to before me this _____ day of _____ 20_____

Signature of Applicant

Name of Applicant (please print)

Notary Signature _____

PAGE 2 of 2 – ADDITIONAL VEHICLES

Name: _____ Bus. Tel# _____

Business Name: _____

Business Address: _____

<u>Truck(s) Year/Make/Model</u>	<u>Plate#</u>	<u>Registration Expires</u>	<u>Permit#</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____