TOWN OF HAVERSTRAW

OFFICE OF THE TOWN CLERK
1 ROSMAN ROAD
GARNERVILLE, NEW YORK 10923
845-942-3727

Josephine E. Carella

APPLICATION FOR SNOW PLOWING PERMIT

PERMIT FEE: $50.00

PERMIT #: _____ **DATE PERMIT COMMENCES: JANUARY 1, 20____**
 # OF VEHICLES: _____ **DATE PERMIT EXPIRES: DECEMBER 31, 20____**

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE #: _____

BUSINESS OWNERS NAME: _____

HOME ADDRESS: _____

HOME PHONE **#:** _____

DESCRIPTION OF BUSINESS VEHICLES:
ATTACH A PHOTO COPY OF REGISTRATIONS FOR ALL VEHICLES USED

INSURANCE INFORMATION:
ATTACH A PHOTO COPY OF INSURANCE CARDS FOR ALL VEHICLES USED

LIST OF VEHICLE OPERATORS:
ATTACH A PHOTO COPY OF DRIVERS LICENSE FOR ALL MOTOR VEHICLE OPERATORS

CHEMICALS & FERTILIZER: **DO NOT USE x** _____ _____
Owner/President signature **Title**
ATTACH A LIST OF FERTILIZER OR PESTICIDES USED.

A CERTIFICATE OF INSURANCE SHOWING WORKERS COMP/DISABILITY COVERAGE LISTING THE TOWN OF HAVERSTRAW AS AN ADDITIONAL INSURED MUST BE ATTACHED.

**NO DUMPING OF ANY MATERIAL, NO PILING OR BLOWING OF LEAVES, BRUSH, GRASS OR OTHER DEBRIS ONTO THE TOWN ROADS AT ANY TIME. **

THE UNDERSIGNED AFFIRMS THE TRUTH TO THE STATEMENT CONTAINED HEREIN UNDER THE PENALTIES OF PERJURY PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

_____ _____
SIGNATURE OF APPLICANT DATE

_____ _____
TOWN CLERK DATE

SECTION 210.45-MAKING A PUNISHABLE FALSE WRITTEN STATEMENT: A PERSON IS GUILTY OF MAKING A PUNISHABLE WRITTEN STATEMENT WHEN HE KNOWINGLY MAKES A FALSE STATEMENT, WHICH HE DOES NOT BELIEVE TO BE TRUE, IN A WRITTEN INSTRUMENT BEARING A LEGALLY AUTHORIZED FORM NOTICE TO THE EFFECT THAT FALSE STATEMENTS MADE THEREIN ARE PUNISHABLE, MAKING A PUNISHABLE FALSE WRITTEN STATEMENT IS A CLASS A MISDEMEANOR.