

MARISOL CANCEL First Deputy APRIL COBB Deputy

## APPLICATION FOR LANDSCAPING/GRASS CUTTING PERMIT FEE: \$50.00

# OF VEHICLES:	DATE PERMIT COMMENCES: <u>JANUARY 1, 20</u> DATE PERMIT EXPIRES: <u>DECEMBER 31, 20</u> PAYMENT TYPE:
BUSINESS NAME:	
BUSINESS ADDRESS:	
BUSINESS PHONE #: BUSINESS OWN	IERS NAME:
EMAIL ADDRESS:	
HOME ADDRESS:	
HOME PHONE #:	_
DESCRIPTION OF BUSINESS VEHICLES: ATTACH A PHOTO COPY OF REGISTRATIONS FOR ALL VEHICL	LES USED
INSURANCE INFORMATION: ATTACH A PHOTO COPY OF INSURANCE CARDS FOR ALL VEH	ICLES USED
<u>LIST OF VEHICLE OPERATORS:</u> ATTACH A PHOTO COPY OF DRIVERS LICENSE FOR ALL MOTO	OR VEHICLE OPERATORS
CHEMICALS & FERTILIZER: PLEASE ATTACH A LIST OF FER' IF YOU DO NOT USE CHEMICALS PLEASE SIGN:	ΓILIZER OR PESTICIDES IF USED
	resident signature Title
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 BLOWIN ON THE TOWN ROADS. **	G OF LEAVES, BRUSH, GRASS OR OTHER DEBRIS
THE UNDERSIGNED AFFIRMS THE TRUTH TO THE STA PENALTIES OF PERJURY PURSUANT TO SECTION 210.4	
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.