



INCORPORATED VILLAGE OF MALVERNE

2026 APPLICATION - COMMERCIAL LANDSCAPERS, GARDENERS & TREE SURGEONS

DATE: _____

1. Name: _____ Bus Tel # _____

2. Business Name: _____

3. Email: _____

4. Business Address: _____

5. Nassau County Landscaper/Tree Surgeon License# _____ Exp Date _____

6. Please list all vehicles to be used in your business. If additional room is required, list on attached sheet.

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

7. Dumping Site: _____ Dump Permit# _____

8. NYS Dept of Environment Pesticide Applications License # _____

9. Liability Insurance Policy # _____ Exp Date _____

- Description of Operations **MUST** show work description and Inc. Village of Malverne as additional insured
- Liability Limits **MUST** be \$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 & 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.
- The name of your company shall be indicated on both sides of any vehicle used along with the company's address and phone number.
- **Permit will be displayed on Driver's Door**
- Annual fee of \$125 for the 1st truck and \$50 for each additional truck is good until December 31st of the current year.

CONDITIONS: SIGN HERE INDICATING THAT YOU UNDERSTAND THE INSURANCE REQUIREMENTS, 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, disposes 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. If all statements made in the application are true to the best of his/her knowledge and belief, and that he/she agrees to the above conditions for issuing licensing in the Village of Malverne.

Sworn to before me this _____ day of _____ 20 _____

Signature of Applicant

Notary Signature

Name of Applicant (please print)