

Notary Signature

INCORPORATED VILLAGE OF MALVERNE

2026 APPLICATION - COMMERCIAL LANDSCAPERS, GARDENERS & TREE SURGEONS

1. Name:	DATE:		
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# Begistration Expires Permit# 8. NYS Dept of Environment Pesticide Applications License # Exp Date 9. Liability Insurance Policy # Exp Date 1. Liability Insurance Policy # Exp Date 1. 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 12. PLEASE NOTE: 13. PLEASE NOTE: 14. PPLICATIONS FOR A LICENSE WILL BE DENIED IF YOUR COMPANY HAS OUTSTANDING SUMMONSES 15. 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 readways. 16. The contractor shall be responsible for the disposal of all yard waste and debris will be placed at the curb or in the readways. 17. The contractor shall be indicated on both sides of any vehicle used along with the company's address and phone numb Permit will be displayed on Driver's Door 18. ONDITIONS: SIGN HERE INDICATING THAT YOU UNDERSTAND THE INSURANCE REQUIREMENTS, HAVE READ ARAGRAPH 12, AND UNDERSTAND THE TERMS. FAILURE TO COMPLY WILL RESULT IN REVOCATION OF YOUR LICENSE AND/OR A SUMMONS BEING ISSUED BY THE MALVERNE POLICE DEPARTMENT. FAILURE TO COMPLY WILL RESULT IN REVOCATION OF YOUR LICENSE AND/OR A SUMMONS BEING ISSUED BY THE MALVERNE POLICE DEPARTMENT.	1. Name:	Bus Tel #	
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	orn to before me thisday of20		Signature of Applicant

Name of Applicant (please print)