



**City of Olean Department of Fire, Buildings, & Emergency Services
Code Enforcement Division**

Olean Municipal Building, Rm 212
P.O. Box 668, 101 E. State St. Olean, New York 14760
716-376-5683, 716-376-5707 (fax)

Landscaper Snow Remover

Landscapers and Snow Removal Application

Landscaper/Snow Remover Info:

Name:		Telephone No:	
Address:		NYS Tax ID No:	
City:	State:	Zip:	

Partner/Officer Info:

Name	Address	City State Zip	Phone

Vehicle/Trailer Info:

Make	Serial Number	License Number	Load Capacity

The applicant shall furnish a certificate from an insurance company licensed to do business in the State of New York, evidencing that the applicant and any motor vehicles are covered by **\$250,000** general liability, personal injury and property damage insurance and shall provide evidence that employees of the applicant are covered by workmen's compensation or by an exemption certificate meeting the requirements of the State of New York and containing a ten-day notice of cancellation clause directed to the Commissioner of Permit and Inspection Services, before any license hereunder shall be issued.

SIGNATURE OF APPLICANT

DATE

Office Use Only:

Approved by _____ Date: _____
 Disapproved by _____