



2919 Delaware Ave.
Municipal Building Room 14
Kenmore, NY 14217-2308

Marguerite Greco
Town Clerk
(716)877-8800

Application for Snow Removal Permit
Valid for 12 Months Commencing November 1st and ending October 31st
\$50.00 per Permit

Owners Name _____ Home Phone or Cell _____

Home Address _____ City _____ Zip Code _____

Business Name _____ Business Phone _____

Business Address _____ City _____ Zip Code _____

Vehicle # 1 **Permit No.:** _____
Year and make of vehicle _____
Vehicle I.D. Number _____
License Plate # _____

Vehicle # 2 **Permit No.:** _____
Year and make of vehicle _____
Vehicle I.D. Number _____
License Plate # _____

Vehicle # 3 **Permit No.:** _____
Year and make of vehicle _____
Vehicle I.D. Number _____
License Plate # _____

Vehicle # 4 **Permit No.:** _____
Year and make of vehicle _____
Vehicle I.D. Number _____
License Plate # _____

Has any owner, partner, proprietor, officer, employee or agent been convicted for violation of any laws, ordinance, rule or resolution occurring in connection with snow plowing or snow removal?
YES _____ NO _____

Addresses where plowing will be done: _____

If more space is needed attach separate sheet.

Note: *Workman's Compensation forms must accompany this application if employees are using the above vehicle.*

If you have NO employees, the back of this application must be completed.

Owners Signature
Required _____ **Date** _____

.....For Office Use Only.....

Approved By: _____ Cash Credit Card

Date: _____ Check # _____



Town of Tonawanda
2919 Delaware Avenue
Kenmore, NY 14217
716-877-8800

Applicant: Name _____

Address _____

The above named applicant for a **snow plow permit** makes the following statement for the purpose of establishing that he/she does not require insurance coverage under either Section 57 of the Workers' compensation Law, or Section 220, Subdivision 8 of the Disability Benefits Law.

_____ I am NOT employing anyone to carry on the activities covered by the permit.

I hereby affirm, under penalty of perjury, that I am the above named applicant and that the foregoing statements are true.

Signature _____ **Date** _____