



**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  
www.cityofolean.gov

[codes@cityofolean.gov](mailto:codes@cityofolean.gov)

Landscape       Snow Remover

**Landscapers and Snow Removal Application**

**Landscaper/Snow Remover Info:**

Name:		Telephone No:	
Address:		NYS Tax ID No:	
E-mail Address:			
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:	
<input type="checkbox"/> Approved by _____	Date: _____
<input type="checkbox"/> Disapproved by _____	