Inc. Village of East Hampton 86 Main Street East Hampton, NY 11937 631-324-4150 631-324-4189 Fax www.easthamptonvillage.org

## **Annual Landscaper License**

Chapter 185 13-15 Licensed Occupations Chapter 196 1(11) Noise

1.	Business Name:					
	Principal Owner:					
	Mailing address:					
	Tolophono number:					
	Telephone number: Cell number:					
	Email address:					
2.	Certificate of Liability Insurance must name the Village of East Hampton as an					
	additional insured as well as Certificate Holder. Workers Compensation					
	Certificate/Exemption Form as Certificate Holder.					
	Certificate holder box should read: Village of East Hampton					
	86 Main Street					
	East Hampton, NY 11937					
	•The description of operations box should read "The Village of East Hampton is					
	included as an additional insured".					
3.	An East Hampton Town Home Improvement License is required					
	# & License is attached.					
4.	If you apply chemicals or pesticides, <b>submit copy of NYS DEC Certificate</b> .					
	Yes [ ] & certificate is attached N/A [ ]					
5.	If you use and apply fertilizer product(s) proof of a Certificate of Completion of a					
J.	Suffolk County Nitrogen Fertilizer Turf Management Course must be submitted.					
	Yes [ ] & certificate is attached N/A [ ]					
6.	[ ] I have read, understand, and agree to comply with the Village's noise law with					
	respect to the dates and times for permitted property maintenance and landscaping,					
	the use of gas-powered leaf blowers and all other relevant Village laws and policies.					
	A business entity shall be responsible for all employees understanding the applicable					
	rules and regulations. Copy of Village Codes are attached to the application for your					
	IISA					

7.	License Fee: \$200.00 per year, plus \$10.00 for each Vehicle Tag. Make checks payable to "Inc. Village of East Hampton".						
	[ ] Cash [ ] Check #	Amount Su	unt Submitted:				
8.	Vehicles – please list all vehicles used and/or associated with your business.  Vehicle tags should go on the back-driver's side window of each vehicle.						
	Vehicle Identification Number	License Plate Number	Tag # Issued (Village to Complete)				
			<del></del>				

<del></del>					
Signature of Applicant			Date Signed		
Print Name					
•••••	•••••	•••••	For O	fficial Use Onl <sup>,</sup>	••••••••••••••••••••••••••••••••••••••
Insurance suppl	ied:	Yes			
NYS DEC Certific	Yes	N/A			
Certificate of Completion of Suffo Yes					tilizer Turf Management Course
License Fee:	\$200	.00			
Vehicle Fee (\$1	0 x num	nber of veh	icles):		Number of Vehicles
Total:	\$			Receipt #	Date Paid
Approved by: _	Villag	e Administr	ator		Date:
License #:				_	