Permit No. _____

Application for Snow Plow Permit
Fee: $35.00

Date _____

1. Owner's Name _____
2. Home Address _____ Phone _____
   _____
3. Business Address _____ Bus. Phone _____
   _____ E-mail _____
4. Year and make of vehicle _____
5. VIN # _____ Plate # _____
8. Has any owner, partner, proprietor, officer, employee or agent been convicted for violation of any law, ordinance, rule or resolution occurring in connection with snow plowing or snow removal?
   Yes _____ No _____
   If Yes, explain: _____
9. Would you like to have your business listed on the village website? Yes _____ No _____
10. * Listing of addresses to be plowed: _____
    _____
    _____
    _____

* If you add customers throughout the season, please email updates to **bmagney@villagehamburg.com**

The following **MUST** be included in order to process your Snow Plow Permit:

_____ Completed Application

_____ $35.00 Permit Fee

_____ Listing of Addresses to be plowed

_____ Proof of Worker's Compensation Coverage (form C-105.2 or New York State Ins. Fund form U-26.3) **OR** Certificate of Workers' Compensation Self-Insurance (form GSI-105.2) **

_____ Proof of Disability Insurance (form DB-120.1) **OR** (form DB-820/829) **OR** (form DB-155) **

_____ If exempt from Comp or Disability coverage, you must file for and provide to the village, a CE- 200 Exemption Attestation Certificate. Go to www.businessexpress.ny.gov to file online or make a written request to NYS WCB, Ellicott Square Building, 295 Main Street, Suite 400, Buffalo 14203. You must include a copy of the certificate with this application

**** (ACORD FORMS ARE NOT ACCEPTABLE PROOF OF WORKER'S COMP OR DISABILITY)**

Approved: _____ Date: _____
Village Administrator