



# APPLICATION FOR LANDSCAPER'S LICENSE

Town of Babylon · 200 East Sunrise Highway · Lindenhurst, NY 11757 · 631-957-3017

Please Print

1. Last Name	First Name	Middle Initial	Home Telephone
Number and Street		City/Town	Zip Code
2. Business Name			Business Telephone
Number and Street		City/Town	Zip Code
3. Do you now, or have you ever had a Town of Babylon Landscaper's License?			[ ] YES [ ] NO
4. Have you ever received a summons from the Town of Babylon for any violation of the Landscapers Code?			[ ] YES [ ] NO
5. Are there any uncorrected violations existing against your prior work as a Landscaper?			[ ] YES [ ] NO
* If you answered yes to questions 4 or 5, you must attach a statement giving dates, violations and disposition.			

I understand this application is to be filed with the Town Clerk and that the information will be relied upon by the Town of Babylon in granting this license. I SWEAR THAT ALL STATEMENTS ARE TRUE.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

NOTARY:

SWORN TO BEFORE ME ON THE \_\_\_\_ DAY  
OF \_\_\_\_\_ 20\_\_\_\_.

### OFFICE USE ONLY

DATE RECEIVED: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_ Comprehensive Liability & Personal Injury (\$1,000,000 / \$3,000,000)

DATE ISSUED: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_ Property Insurance (\$1,000,000)

\_\_\_\_ Proof of Storage Address

\_\_\_\_ Property Damage(\$50,000)

\_\_\_\_ Application Fee (\$150)

EXPIRES: DECEMBER 31, 20\_\_\_\_

\_\_\_\_ Worker's Compensation

\_\_\_\_ License Fee (\$150)

\_\_\_\_ Disability Insurance

\_\_\_\_ Decal Fee (\$1 per vehicle)

\_\_\_\_ Proof of Business Address

\_\_\_\_ Adopt - A - Spot Contract  
(For fee waiver)

\_\_\_\_ Vehicle Registration

\_\_\_\_ Vehicle Insurance