

VILLAGE OF KENMORE, NY
APPLICATION FOR SNOW REMOVAL PERMIT
FOR THE YEAR NOVEMBER 1st THROUGH OCTOBER 31st

FEE: \$50.00 (each vehicle)

Date _____

Vehicle Owners Name: _____

Address: _____ State: _____ Zip: _____ Phone: _____

1. Year and Make of Vehicle _____ Color: _____

Plate Number: _____ Permit #: _____

2. Year and Make of Vehicle _____ Color: _____

Plate Number: _____ Permit #: _____

3. Year and Make of Vehicle _____ Color: _____

Plate Number: _____ Permit #: _____

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 _____

ADDRESSES WHERE SNOW PLOWING WILL BE DONE: _____

Note: **Workman's Compensation and New York State Disability 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 Received: _____

Amount Received: _____

Village of Kenmore
2919 Delaware Avenue
Kenmore, NY 14217
716-873-5700

Applicant: Name _____

Address _____

The above name 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 Worker's Compensation Law, or Section 220, Subdivision 8 of the Disability Benefits Law.

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

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

Signature _____

Date _____