



2919 Delaware Ave.  
Municipal Building Room 14  
Kenmore, NY 14217-2308

Marguerite Greco  
Town Clerk

**\$50.00 per Permit**

Permit No. \_\_\_\_\_

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Permit No. \_\_\_\_\_

**Application for Snow Removal Permit  
For Year Commencing November 1<sup>st</sup>, 2013 and ending October 31, 2014**

Owners Name \_\_\_\_\_ Home Phone or Cell \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**Vehicle # 1**

Year and make of vehicle \_\_\_\_\_

Vehicle I.D. Number \_\_\_\_\_

License Plate No. \_\_\_\_\_

**Vehicle #2**

Year and make of vehicle \_\_\_\_\_

Vehicle I.D. Number \_\_\_\_\_

License Plate No \_\_\_\_\_

**Vehicle # 3**

Year and make of vehicle \_\_\_\_\_

Vehicle I.D. Number \_\_\_\_\_

License Plate No. \_\_\_\_\_

**Vehicle #4**

Year and make of vehicle \_\_\_\_\_

Vehicle I.D. Number \_\_\_\_\_

License Plate No \_\_\_\_\_

Has any owner, partner, proprietor, officer, employee or agent been convicted for violation of any laws, ordinance, rule or resolution occurring in connection with snow plowing or snow removal?

YES \_\_\_\_\_ NO \_\_\_\_\_

Addresses where plowing will be done: \_\_\_\_\_

If more space is needed attach separate sheet.

**Note: Workman's Compensation 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** \_\_\_\_\_

.....For Office Use Only.....

Approved: \_\_\_\_\_

Cash \_\_\_\_\_

Date: \_\_\_\_\_

Check No. \_\_\_\_\_



Town of Tonawanda  
2919 Delaware Avenue  
Kenmore, NY 14217  
716-877-8800

Applicant: Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

The above named 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 Workers' compensation Law, or Section 220, Subdivision 8 of the Disability Benefits Law.

\_\_\_\_\_ I am NOT employing anyone to carry on the activities covered by the permit.

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

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_