



1 Bonnie Heights Road
Manhasset, NY 11030

**LANDSCAPER/TREE
SERVICE LICENSE
APPLICATION**
Annual Licenses run from
June 1 to May 31

Company Name: _____

Principal/Owner: _____

Address: _____

Phone : _____

Dump Location: _____

Dump Lic.#: _____ Expiration: _____

VEHICLE 1- PLATE #	MAKE	YEAR
VEHICLE 2- PLATE #	MAKE	YEAR
VEHICLE 3- PLATE #	MAKE	YEAR
VEHICLE 4- PLATE #	MAKE	YEAR

NO APPLICATION MAY BE ACCEPTED WITHOUT COPIES OF THE FOLLOWING:

- Insurance Certificates (Liability & Worker's Comp/Disability)
- County Consumer Affairs or Contractor's License
- Dumping License
- Driver's License
- Registration for all Vehicles

I agree to abide by the following rules & regulations:

- THE USE OF ALL LEAF BLOWERS, OTHER THAN THOSE POWERED EXCLUSIVELY BY ELECTRICITY, SHALL BE PROHIBITED FROM THE FRIDAY BEFORE MEMORIAL DAY THROUGH LABOR DAY MONDAY UNLESS FITTED WITH A MUFFLER DEVICE NOT TO EXCEED 70 DECIBELS.
- WORK IS PERMITTED MONDAY – FRIDAY, 8AM-6PM AND SATURDAYS, 9AM-6PM. NO WORK PERMITTED ON SUNDAYS OR FEDERAL HOLIDAYS.
- DO NOT BLOW LEAVES INTO THE STREET. YOU ARE RESPONSIBLE FOR DISPOSING OF ALL YARD WASTE - NO DUMPING ANYWHERE IN THE VILLAGE. DO NOT LEAVE BAGS FOR THE VILLAGE CARTER.
- ALL MACHINERY AND CONTAINERS MUST SIT ON DROP CLOTHS. OIL AND GAS MUST BE Poured FROM ONE CONTAINER TO ANOTHER OVER A DROP CLOTH.
- IT IS FORBIDDEN TO SPILL ANY OIL, GAS, FERTILIZERS OR PESTICIDES ON THE STREET OR GROUND.
- DO NOT CUT DOWN ANY TREES WITHOUT A VILLAGE PERMIT (DEAD OR ALIVE). PERMIT FEE FOR LIVE TREE REMOVAL \$150.00 PER TREE.
- EVERY GARDENER'S TRUCK OR CAR MUST HAVE A VILLAGE OF FLOWER HILL REGISTRATION STICKER ON THE LEFT REAR BUMPER.

STATE OF NEW YORK
COUNTY OF NASSAU:

_____ Being duly sworn, deposes and says he is
the principal/agent described in the foregoing application and that the statements contained
herein are true to the best of his knowledge and belief.
Sworn to me this _____ DAY OF _____, 20____

Signature of Applicant

NOTARY PUBLIC

FEE: \$25 for 1st vehicle & \$15 each additional vehicle per year

Fee Paid _____ Date _____

Lic. # _____