

Village of Lynbrook License Application



SANITATION BUSINESS OWNER

Last name _____ First Name _____ MI _____ Birthdate _____ Sex: M / F

Phone _____ Social Security # _____ Or Business Tax ID # _____

Address _____

Business / employer name: _____ Address _____

Phone _____ I'm a: Citizen _____ Non - Citizen _____ of the United States

If you're not a citizen attach a copy of your work authorization from the Immigration and Naturalization Service.

Have you ever been convicted of any Offense? _____. If yes indicate: Offense 1. _____

2. _____ 3. _____ 4. _____

If more than four, complete on a separate piece of paper and attach to this application.

New York State Driver License ID # _____, Date License Expires _____ Class _____. Has this License

ever been suspended, revoked, cancelled or denied? _____ If yes, indicate the details: _____

I have attached: a) Filing Fee ____ b) Copy of Driver's License ____ c) Copy of Receipt for Fingerprinting ____

Business owners must submit the following Certificates of Insurance with this application:

Workers Compensation or a waiver if self-employed with no other employees and.
Workers Disability Benefits or waiver if self-employed with no other employees and

If motor vehicles are to be licensed:
Automobile, bodily injury: \$100/300,000
Automobile Property Damage: \$50,000

I hereby agree to a full investigation of my background, character and fitness and all information given on this application. I understand that any false information may result in the denial of the license or subsequent revocation of my license. I understand that the Lynbrook Village Code may require that I be fingerprinted in connection with this license application and that the license may be denied or subsequently revoked for a conviction of a crime or for violating any section of the Lynbrook Village Code.

Signature of Applicant _____

State of New York } ss
County of Nassau

_____ being duly sworn, deposes and says that he is the applicant described above and that the answers, information and statements on this application are true of his own knowledge and belief.

Sworn to me this _____ day of _____ 20____.

Notary Public, Nassau County, New York.

Signed _____

Not qualified due to _____

License Approved: Chief of Police _____ Date _____ Mayor: _____ Date _____

Application Fee Paid \$ _____ Receipt# _____ **LICENSE #** _____ issued on _____ by _____