

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/she is the applicant described above and that the answers, information and statements on this application are true of his/her own knowledge and belief.

Sworn to before 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 _____