



## **LANDSCAPING LICENSE APPLICATION REQUIREMENT LIST**

- 1. Please complete the all of the questions on Landscaping License Application**
- 2. Please have check payable to TOWN OF CLARKSTOWN for \$10.00, which covers the cost of the license fee plus one (1) decal for the first vehicle.**
- 3. Each additional vehicle and/or trailer being used for landscaping activities must have a decal, which costs an additional \$1.00 per vehicle/trailer.**
- 4. Please have copies of New York State Department of Motor Vehicles Registration for each vehicle your business will be utilizing for landscaping activities.**
- 5. PLEASE NOTE: Decals must be placed on the driver-side door of trucks and the right side of the trailer.**
- 6. To learn more about Clarkstown's Landscaping License Law, please visit [www.landscaping.clarkstown.org](http://www.landscaping.clarkstown.org)**
- 7. Licensee acknowledges they have read Licensing Law and understand that *no debris* is permitted in the roadway at *any time*.**

**\*\*\*\*If you have any questions, please call (845) 639-2010\*\*\*\***



**TOWN OF CLARKSTOWN**  
**OFFICE OF THE TOWN CLERK**  
 10 MAPLE AVE. \* NEW CITY, NY 10956 \* (845) 639-2010  
**APPLICATION FOR LANDSCAPING LICENSE**  
 (Applicant to complete numbered items)

**Licensee Individual Information**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Business Information**

Business Name: \_\_\_\_\_  
 Business Street: \_\_\_\_\_ Business City: \_\_\_\_\_ Business State: \_\_\_\_\_  
 Business Zip Code: \_\_\_\_\_ Business Town: \_\_\_\_\_ Business County: \_\_\_\_\_

**Business Partners** *(Please list up to three (3) individuals who are partners in the landscaping entity, if any. If there are more than three partners, please attach a separate list describing the additional partners)*

Name	Address	Phone Number

**Vehicle/Trailer Information**

*(Please provide copies of New York State Department of Motor Vehicles registration for all vehicles/trailers and list vehicles on next page)*

How many vehicles (including trailers) will your business be using for landscaping activities? \_\_\_\_\_

**Town Clerk's Office—ONLY**

Intake Clerk: \_\_\_\_\_ Decals Issued: \_\_\_\_\_ Registration Number Range: \_\_\_\_\_ to \_\_\_\_\_

