



INC. VILLAGE OF LAKE GROVE  
Department of Public Safety

Division of Code Enforcement

980 Hawkins Avenue

Lake Grove NY 11755

P(631) 585-2000, F(631) 981-0965

## **DOCUMENTS REQUIRED FOR LANDSCAPING LICENSE**

- **Copy Of Driver's License For All Drivers**
- **Copy of Suffolk County Department of Labor, Licensing & Consumer Affairs License Certificate**
- **Registration of Truck(s) and trailers**
- **Insurance card(s) for truck(s)**
- **Business Insurance Certificate with Liability & Worker's Compensation Insurance (Or Worker's Comp Exemption Form form # CE-200)**
- **Notarized Landscaping License Application**
- **Application Fee Non-Refundable of \$25.00 (if license is issued this will be deducted from the annual license fee due)**



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## APPLICATION FOR LANDSCAPING LICENSE

Instructions: Answer all questions and submit completed application, with a non-refundable \$25.00 application fee, if license is issued this fee will be deducted from the annual fee that is due. The application must be notarized.

**FEES:                    NEW:\$100.00/Includes 1 Vehicle                    RENEWAL:\$50.00                    PER ADD'L VEHICLE:\$25.00**

1. State the model, year and license plate number of each vehicle to be used: (If Necessary Attach Extra Sheet)

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2. State the place where the applicant will dispose of the refuse collected, and the manner of disposal.

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3. Applicant must submit proof of financial responsibility (certificate of insurance) with the Inc. Village of Lake Grove named as certificate holder, in the event of damage to persons or property by reasons on the negligent operation of his vehicle.

4. State place where the vehicles will be stored and garaged while not in use:

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I, \_\_\_\_\_ being duly sworn, depose and say that the information contained  
 (Print applicant's name)

Herein is true and correct, and that I intend to comply fully with provisions of Chapter 100 of the Inc. Village of Lake Grove Code, and all other applicable ordinances.

Applicant's Signature \_\_\_\_\_

Sworn to before me this \_\_\_\_\_

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

Day of \_\_\_\_\_, 20\_\_\_\_

Business Address \_\_\_\_\_

Notary Public \_\_\_\_\_

Business Phone # \_\_\_\_\_

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

License #'s \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_