DATE ISSUED: **$75.00 FEE (per vehicle) (check__ cash__)**

TOWNSHIP OF MONTCLAIR

APPLICATION FOR LANDSCAPER'S LICENSE

NAME OF COMPANY: _____

OWNER'S NAME: _____

COMPANY ADDRESS: _____

_____

COMPANY PHONE: **( )**_____

EMAIL:_____

VEHICLE MAKE	YEAR	LICENSE PLATE	DECAL #

*** Trailers used in combination with another vehicle <u>will be considered one unit</u>.**

Please attach the following:

1. **Certificate of Vehicle Liability Insurance (may be faxed to 973-509-0874). Certificate must show the effective and expiration dates.**
2. **Listing of all Montclair residences serviced by your company by street address.**

I agree to comply with all of the provisions of Montclair Township Ordinance 94-43. This license will expire September 30, 2010.

_____

Applicant's Name Date