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 will be considered one unit.

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. A check made payable to the Township of Montclair in the amount of $75.00 per vehicle.

3. Must present a copy of a valid registration certificate issued pursuant to New Jersey “Contractor’s” Registration Act in order to be exempt from obtaining a landscaper license from the Township of Montclair.

I agree to comply with all of the provisions of Montclair Township Ordinance 94-43.
This license will expire September 30, 2017.

_________________________________________  ________________________________
Applicant’s Name                                      Date