



TOWN OF OYSTER BAY
OFFICE OF THE TOWN CLERK

AUDREY AVENUE, OYSTER BAY,
NEW YORK 11771
TELEPHONE: (516) 624-6322

LANDSCAPING LICENSE APPLICATION

TYPE OF APPLICATION (INDICATE WITH AN "X")

NEW APPLICATION LICENSE RENEWAL

ALL INFORMATION MUST BE COMPLETED

PLEASE TYPE OR PRINT CLEARLY

NAME OF APPLICANT (MUST AGREE WITH NAME ON MOTOR VEHICLE REGISTRATION)		DATE OF BIRTH	SOCIAL SECURITY NO.
STREET ADDRESS (MUST AGREE WITH NAME ON MOTOR VEHICLE REGISTRATION)		HOME TELEPHONE	BUSINESS TELEPHONE
POST OFFICE	ZIP CODE	CITIZENSHIP IF AN INDIVIDUAL OWNER (INDICATE WITH AN "X") <input type="checkbox"/> NATIVE BORN <input type="checkbox"/> NATURALIZED <input type="checkbox"/> ALIEN	
TYPE OF OWNERSHIP (INDICATE WITH AN "X") <input type="checkbox"/> INDIVIDUAL OWNER <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> ASSOCIATION		CORPORATION OR TRADE NAME	

PLEASE COMPLETE THE FOLLOWING INFORMATION IF THIS APPLICATION IS FOR A CORPORATION, PARTNERSHIP OR AN INDIVIDUAL OWNER USING A TRADE NAME

PARTNER OR PRESIDENT	NAME	HOME STREET ADDRESS
		CITY OR POST OFFICE, STATE AND ZIP CODE
PARTNER OR VICE-PRESIDENT	NAME	HOME STREET ADDRESS
		CITY OR POST OFFICE, STATE AND ZIP CODE
PARTNER OR SECRETARY	NAME	HOME STREET ADDRESS
		CITY OR POST OFFICE, STATE AND ZIP CODE

PLEASE ATTACH TO THIS APPLICATION A COPY OF YOUR VALID LANDSCAPING LICENSE OBTAINED FROM THE NASSAU COUNTY OFFICE OF CONSUMER AFFAIRS.

DESCRIBE VEHICLES BELOW

YEAR	MAKE	VEHICLE IDENTIFICATION NO.	BODY TYPE	N.Y. STATE LICENSE PLATE NO.	FOR OFFICE USE ONLY DO NOT WRITE IN THIS COLUMN DECAL NO.

State of New York }
County of Nassau } ss.

NOTE: I have read Chapter 145, entitled "Landscaping" of the Code of the Town of Oyster Bay and agree to abide by its terms and conditions. I understand that failure to abide by the requirements of Chapter 145 may result in suspension or revocation of my license. I solemnly swear to the truth of the above statements.

Sworn to before me this

day of 19.....

.....
NOTARY PUBLIC

Signature of Applicant

Title

Please use additional copies of this form if more space is needed to complete the required information. Complete Name, Address and number pages submitted

APPLICANT DO NOT WRITE IN THE SPACES BELOW, FOR OFFICE USE ONLY

RECEIPT NO.	RECEIPT DATE	LIC. NO.	NO. OF VEH'S	FILING FEE	LIC. FEE	TOTAL FEE	DATE ISSUED
			VEH. NOS. _____	\$ _____	\$ _____	PAID _____	_____ BY: _____