5400 Butternut Drive
East Syracuse, NY 13057-8509
Phone: 315.446.3910 x 2
clerk@dewittny.gov

Town Clerk
Tax Receiver
Angela K. Epolito, RMC, CMC

Maxwell M. Ruckdeschel
Supervisor

SNOW REMOVAL LICENSE APPLICATION

Instructions: Submit the following to the Town Clerk's Office:
☐Application
☐Indemnification statement
☐Driver's licenses for all drivers
☐Insurance cards for all vehicles
☐Registrations for all vehicles

License fee is $10.00 per year (November 1st through October 31st) per business, plus $2 per piece of equipment.

Business Name and Address:

_____

_____

Telephone number:

_____

Driver's Name(s):

_____

_____

Name of Insurance Company:

_____

If applicant represents partnership, firm, or corporation, or conducts business under an assumed name, also give name, address, phone number:

_____

_____

List principal officers with their titles, addresses and dates of birth:

_____

NAME ADDRESS D.O.B

_____

NAME ADDRESS D.O.B

Give the license plate number, year, make, model, and VIN of each vehicle

_____

_____

_____

_____

_____

Has applicant or member of partnership, association, or corporation ever been convicted of a felony or misdemeanor? (Circle One) YES NO

If yes, please state facts:

_____

_____

_____

The undersigned does hereby apply for a license to engage in the business of Snow Removal pursuant to the Code of the Town of DeWitt.

_____

Signature of Applicant

_____

Date

INDEMNIFICATION STATEMENT

The applicant upon the issuance of a license herein agrees to indemnify and save harmless the Town of DeWitt, its agents, officers, and employees thereof from all claims, suits, or actions of every name or for or on account of bodily injuries, including death or damages to property, received or sustained, or alleged to be sustained by any person or persons arising out of the license issued herein.

_____

Signature of Applicant

_____

Date