

(Governed by Chapter 106)

TOWNSHIP OF WAYNE

CLERK'S OFFICE
475 VALLEY ROAD
WAYNE, NJ 07470

<p>YEAR _____</p> <p>NEW ___ or RENEWAL ___</p> <p>PERMIT NO: _____</p>

APPLICATION – **LANDSCAPERS AND LANDSCAPING SERVICES PERMIT**

*****PLEASE NOTE:**

IF YOUR COMPANY IS **CURRENTLY REGISTERED AS A HOME IMPROVEMENT CONTRACTOR** WITH THE STATE OF NEW JERSEY IN ACCORDANCE WITH THE HOME IMPROVEMENT CONTRACTOR REGISTRATION ACT, (NJSA 56:8-136), THEN **YOU DO NOT NEED TO REGISTER WITH THE TOWNSHIP OF WAYNE.**

TO AVOID A DELAY IN THE ISSUANCE OF YOUR LICENSE, PLEASE COMPLETE APPLICATION IN ITS ENTIRETY (Please make checks payable to Township of Wayne & submit with application to the Township Clerk's Office)

Applicant Please Check One:

_____ **CORPORATION**, _____ **PARTNERSHIP**, _____ **LLC**, or _____ **SOLE PROPRIETORSHIP**

NAME: _____

ADDRESS: _____

TRADE NAME: _____

ADDRESS OF PRINCIPAL PLACE OF BUSINESS: _____

MAILING ADDRESS (OF PERMIT): _____

OFFICE TEL# _____ CELL# _____ FAX# _____

EMAIL ADDRESS: _____

If Corporation or LLC please give Contact Name & Emergency Telephone Number:

Check One: _____ **PARTNERSHIP**, _____ **LLC**, _____ **SOLE PROPRIETORSHIP**

LIST NAME, ADDRESS & PHONE NO. OF EACH MEMBER:

	<u>NAME</u>	<u>HOME ADDRESS</u>	<u>HOME TELEPHONE NO.</u>
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1. _____

2. _____

3. _____

FOR OFFICE USE ONLY:

<p>FEE PAID _____ DATE OF PAYMENT _____ LATE FEE _____ CK# _____</p> <p>CASH _____ COUNCIL MEETING _____</p> <p>MUST HAVE copy of <u>INSURANCE DECLARATION PAGE OR CERTIFICATE OF INSURANCE (showing company has General Liability)</u> <input type="checkbox"/></p> <ul style="list-style-type: none"> EXPIRATION DATE OF INSURANCE CANNOT EXPIRE PRIOR TO APRIL 1ST OF THE LICENSING YEAR <p>MUST HAVE 2 copies of <u>PAID RECEIPTS WHICH SHOW PROOF OF YOUR LOCATION OF DISPOSAL</u> <input type="checkbox"/></p>
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IF APPLICANT IS INCORPORATED: **DATE:** _____ **WHAT STATE:** _____

NAME **HOME ADDRESS** **HOME TELEPHONE NO.**

PRESIDENT _____

SECRETARY _____

Registered Agent or person upon whom service of process is authorized to be made: (if different than applicant)

Name: _____

Address: _____

Telephone Number: _____

APPLICANT MUST ATTACH A COPY OF CERTIFICATE OF LIABILITY INSURANCE OR INSURANCE DECLARATION PAGE. EXPIRATION DATE OF INSURANCE CANNOT EXPIRE PRIOR TO APRIL 1ST OF THE LICENSING YEAR

TYPE OF MATERIAL TO BE DISPOSED OF: (ex. Grass clippings-Leaves-Brush-Twigs)

LOCATION OF DISPOSAL SITE RECEIVING DEBRIS:

APPLICANT MUST SUBMIT A COPY OF LETTER FROM THE COMPANY ADVISING OF THE AGREEMENT WITH THE LANDSCAPE CONTRACTOR OR TWO (2) OR THREE (3) COPIES OF PAID RECEIPTS WHICH SHOW PROOF OF YOUR LOCATION OF DISPOSAL.

NAME _____

ADDRESS _____

TELEPHONE NUMBER _____

FEES: Chapter 75

Non-Refundable:

Initial Fee: \$90.00 Renewal Fee: \$75.00 Per Decal (Vehicle or Trailer) \$5.00

PERMIT EXPIRES ON MARCH 31, ANNUALLY

Late Fee for Renewal after March 31st of Each Year: \$25.00

***IMPORTANT: ALL LAWN CARE PROFESSIONALS WHO APPLY FERTILIZER ARE REQUIRED BY STATE LAW TO BE CERTIFIED BY THE STATE OF NEW JERSEY**

NUMBER OF VEHICLES & TRAILERS TO BE TAGGED: _____

VEHICLE DESCRIPTION: PLEASE COMPLETE VEHICLE INFORMATION IN FULL

	LICENSE PLATE NO.	COLOR	YEAR	MAKE OF VEHICLE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____
15.	_____	_____	_____	_____
16.	_____	_____	_____	_____
17.	_____	_____	_____	_____
18.	_____	_____	_____	_____
19.	_____	_____	_____	_____
20.	_____	_____	_____	_____

BY SIGNING THIS APPLICATION I AFFIRM THAT I HAVE READ AND UNDERSTAND ALL THE PROVISIONS OF THE CODE OF THE TOWNSHIP OF WAYNE WITH RESPECT TO MY LICENSE/PERMIT.

Applicant's Signature

Date

Print Name