

(Governed by Chapter 106)

TOWNSHIP OF WAYNE

CLERK'S OFFICE
475 VALLEY ROAD
WAYNE, NJ 07470

YEAR _____ NEW _____ or RENEWAL _____
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APPLICATION – COMMERCIAL LANDSCAPERS & COMMERCIAL TREE SERVICE PROVIDERS PERMIT

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

Applicant please circle one:

NAME of CORPORATION, PARTNERSHIP, LLC, or INDIVIDUAL: _____

ADDRESS (office): _____ TEL.# _____

MAILING ADDRESS: _____

TRADE NAME: _____

LOCATION: _____ TEL. # _____

FAX # _____ EMAIL ADDRESS: _____

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

Circle one:

INDIVIDUAL, PARTNERSHIP, or LLC - LIST NAME, ADDRESS & PHONE NO. OF EACH MEMBER:

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

IF APPLICANT IS INCORPORATED: DATE: _____ WHAT STATE: _____

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

SECRETARY _____

Registered Agent or person upon whom service of process is authorized to be made:

Name: _____

Address: _____

Telephone Number: _____

COMMERCIAL LANDSCAPER: _____ or COMMERCIAL TREE SERVICE PROVIDER: _____

Is Applicant registered with the Home Improvement Contractor Registration Act? Yes ___ No ___

IF YES, A COPY OF REGISTRATION FROM STATE MUST BE ATTACHED TO HAVE THE FEE WAIVED FOR THIS APPLICATION ONLY NOT THE DECAL(S).

*****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

DESCRIBE BELOW CHARACTER OF SUBSTANCE TO BE DISPOSED OF:

(ex. Grass clippings-Leaves-Brush-Twigs-Trees and/or Tree stumps)

LOCATION OF DISPOSAL SITE RECEIVING DEBRIS:

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 _____

CONTINUED ON REVERSE SIDE

***** PLEASE NOTE: COMMERCIAL TREE SERVICE PROVIDERS *****

CHAPTER 129-19 – TREE REMOVAL ORDINANCE PERMITS MUST BE OBTAINED FROM THE DEPARTMENT OF PARK & FORESTRY BEFORE TREE REMOVAL SERVICES ARE SCHEDULED. FEE: (Ordinance No.30-2010)

Initial Fee: \$90.00 Renewal Fee: \$75.00

PLEASE NOTE : \$5.00 PER DECAL (VEHICLE OR TRAILER) CANNOT BE WAIVED (Non-Refundable)

PERMIT EXPIRES ON MARCH 31, ANNUALLY

Late Fee for Renewal after March 31st of Each Year: \$25.00 (Ordinance No.4-2004)

NUMBER OF VEHICLES INCLUDING 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.			

Applicant's Signature

Date

Print Name

FOR OFFICE USE ONLY:

FEE PAID _____ LATE FEE _____ DATE OF PAYMENT _____ CK# _____ CASH _____

FEE WAIVED _____ COUNCIL MEETING _____

MUST HAVE copy of INSURANCE DECLARATION PAGE OR CERTIFICATE OF INSURANCE

• (EXPIRATION DATE OF INSURANCE CANNOT EXPIRE PRIOR TO APRIL 1ST OF THE LICENSING YEAR)

MUST HAVE 2 or 3 copies of PAID RECEIPTS WHICH SHOW PROOF OF YOUR LOCATION OF DISPOSAL

MUST HAVE copy of HOME IMPROVEMENT CONTRACTOR LICENSE to waive appl. fee