

WINDOW CLEANING LICENSE APPLICATION

APPLICANT INFORMATION

Name:			Date:		
Current Address:		City:		State:	Zip:
Date of Birth:	Phone:	E-mail	Drivers License #:		

BUSINESS INFORMATION

Name of Business:				
Business Address:				
City:		State:		Zip Code:
Phone:	Email:		Fax:	
Type of Business: Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/>				

LIST OF OFFICERS

Name & Address:		Title	Phone:
Name & Address:		Title	Phone:
Name & Address:		Title	Phone:
Name & Address:		Title	Phone:

VEHICLE INFORMATION

Vehicle Make & Model:	VIN #	Vehicle Length:	Plate #
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INSURANCE INFORMATION

Name of Carrier:				
Address:		City:	State:	Zip Code:
Policy Number:	Accident & Death Coverage:\$	Property Damage Coverage: \$		
Workmen's Compensation Insurance: Yes <input type="checkbox"/>		No <input type="checkbox"/>		

Note your public liability insurance must be a minimum of \$50,000 for injury or death and \$100,000 minimum each accident. A certificate of insurance must be presented along with an endorsement naming the City of New Rochelle as additional insured.

FEES

License Fee \$58.00		License Number:
Date Entered:	Expire Date:	Receipt Number:

SIGNATURES

I certify that I am an officer of the above firm and to the truth of the above statements. I further agree that if a license is granted all requirements of the City, County and State Laws, Ordinances & Regulations applying to the licensing of window cleaning.

Signature of applicant:	Date:
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NOTARY OR COMMISSIONER OF DEEDS

Sworn and Subscribed to Before Me:	Seal:
Address:	
This _____ day of _____, 20_____	

CITY OF NEW ROCHELLE AUTHORIZATIONS

1. RISK MANAGER

I have investigated the insurance policy and certificate of the foregoing property / organization and they comply with the Municipal Code.

Signature	Date
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2. CORPORATION COUNSEL

I have examined the application and public liability insurance policy with the endorsement covering the business and naming the City of New Rochelle as additional insured.

Signature	Date
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3. POLICE DEPARTMENT

I have investigated the character and reputation of the foregoing applicant and business and they have been fingerprinted as required by City Code and the Police Department.

Signature	Date
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4. CITY CLERK

Signature	Date
License No.	Receipt No.
FEE: \$58.00	Expiration Date:

(City Seal)

