



TOWN OF AMHERST
 APPLICATION
 for
LANDSCAPER PERMIT

PERMIT NUMBER _____

Approved _____ Denied _____

Town Clerk _____

Date _____

 (BUSINESS NAME) (STREET) (CITY/TOWN) (ZIP CODE) (TELEPHONE) (TELEPHONE)

List each principal partner or corporate officer of above named business:

 (NAME) (STREET) (CITY/TOWN) (ZIP CODE) (TELEPHONE) (TELEPHONE)

List each motor vehicle, including trailers, to be utilized by the landscaper:

 (MAKE) (SERIAL NUMBER) (LICENSE NUMBER) (LOAD CAPACITY)

 Federal Tax ID #

Signature _____

 N.Y.S. Sales Tax #

Date _____