# **Annual Snow Plowing License Instructions**

**Overview:** This license is required for any person, company, and/or organization engaged in the business of snow plowing and/or removal services. For more information, <u>click here to read the Ordinance.</u>

#### **Application Contents:**

- License Requirements
- Application Checklist
- Submittal Instructions
- Annual Snow Plowing License Application, pages 2 to 3

#### **License Requirements:**

- The license must be issued annually for each winter season.
- Any violations of the Ordinance may result in tickets, fines, or the revocation of this license.
- You must account for all pieces of equipment in the application. There is an additional fee for each piece of equipment added.
- To add a piece of equipment to the license, you must provide written documentation to confirm employment status for employee and/or subcontractor vehicles. You must provide an executed agreement to confirm the relationship between the snow removal contractor and the subcontractor.
- A decal issued with the license must be placed on the piece of equipment being used. Each additional piece of equipment will be issued a separate decal.

Completed Appual Snew Playing License Application (pages 2 to 2). The application must be signed in the

#### **Application Checklist:**

Ш	Completed Affilial Show Flowing License Application (pages 2 to 3). The application must be signed in the
	presence of a notary public.
	\$50 Application Fee. Check or Money Order payable to Commissioner of Finance. There is an additional \$10 fee
	for each piece of snow removal equipment being used.
	Documentation Confirming Employment Status for Employee / Subcontractor Vehicles (if applicable).
	Executed Agreement between Contractor and Subcontractor (if applicable).
	Certificate for General Liability Insurance: \$1,000,000 policy listing the City of Syracuse as additionally insured.
	Auto Insurance Policy: \$500,000 minimum limit with \$50,000 minimum property damage coverage listing the
	City of Syracuse as additionally insured.
	Proof of Worker's Compensation and/or Disability Coverage (if applicable).
	Copy of Vehicle Registration for each vehicle being used.
	Copy of New York State Driver's License for the applicant and each vehicle driver.

#### **Submittal Instructions:**

- 1. Application must be completed in its entirety. Incomplete applications will not be processed.
- 2. Application, fee, and documents must be submitted to:

#### City of Syracuse, Central Permit Office

One Park Place 300 South State St. Syracuse, NY 13202 315-448-8474 | Licensing@syr.gov

# **Annual Snow Plowing License Application**

Name of Applicant:	
Address:	
Phone:	
Business Name:	
Business Address:	
Business Phone: New York State Tax Identification	ation Number:
Is your Business one of the following (circle one)? Corporation / Partnership / Associa	ation / Firm
If yes, list all principal officers including their addresses, phone numbers, titles, and d	lates of birth:
Number of Vehicles /Equipment:	

The undersigned	does hereby apply to the License Commissioner of the City of
Syracuse, State of I	New York, for an Annual Snow Plowing License pursuant to the Revised General Ordinances of the
City of Syracuse.	

### Indemnification Statement

Upon issuance of this license, the applicant agrees to indemnify, defend, and hold harmless the City of Syracuse, its officers, agents, and employees from and against all damages, claims costs, or expense arising from the issuance of this license, provided that such damage, claim cost or expense is attributable to bodily injury, sickness, disease, or death or damage to property. This indemnity shall survive the expiration and/or termination of this license.

## Section below to be completed in the presence of Notary Public:

Applicant Signature	Date:	
Duly sworn to before me on this Day of _	, 20,	
by Applicant Name		SEAL/STAMP
Notary Public Print Name		
Notary Public Signature		