

**TOWN OF CHEEKTOWAGA SNOW PLOWING PERMIT**

**October 1, 2016 – April 30, 2017**

**Fee: \$25.00 per vehicle**

**Permit Number 2016-\_\_\_\_\_**

**(To be completed by Town Clerk)**

**PLEASE PRINT LEGIBLY**

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Town, City Zip Code

**Phone Number(s) where applicant may be reached:**

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

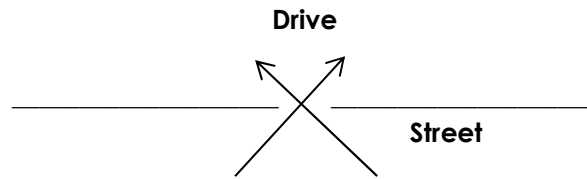
**LIST OF VEHICLES USED BY APPLICANTS:**

<u>Vehicle Identification Number:</u>	<u>Model:</u>	<u>Year:</u>	<u>Plate Number:</u>
Vehicle#1 _____	_____	_____	_____
Vehicle#2 _____	_____	_____	_____
Vehicle#3 _____	_____	_____	_____
Vehicle#4 _____	_____	_____	_____

**CERTIFICATE OF INSURANCE REQUIRED**

**Insurance Carrier Certificate Attached: YES \_\_\_\_\_ NO \_\_\_\_\_**

**TYPICAL PROPERTY PLOWING PROCEDURES:**



**I HEREBY CONSENT TO ALL RULES AND REGULATIONS SET FORTH BY CHAPTER 202 OF THE TOWN CODE.**

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fee Received by Town Clerk: \$25.00 X \_\_\_\_\_ = \$ \_\_\_\_\_ Invoice# \_\_\_\_\_

Town Clerk: \_\_\_\_\_ Date: \_\_\_\_\_

Highway Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_