



INCORPORATED VILLAGE OF  
EAST WILLISTON  
2 PROSPECT STREET  
EAST WILLISTON, NY 11596  
PH: (516) 746-0782  
www.eastwilliston.org

## **APPLICATION FOR LANDSCAPER'S/TREE SERVICES PERMIT - 2025**

**January 1, 2025 through December 31, 2025**

Date: \_\_\_\_\_

Name Owner/Contact: \_\_\_\_\_

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

P.O. Box: \_\_\_\_\_ Street: \_\_\_\_\_  
(required)

Town: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Number of vehicles: \_\_\_\_\_

License Plate Numbers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Applications MUST BE COMPLETE and INCLUDE ALL of the following:**

- 1) Fees are due by February 1, 2025 - (A late fee of \$50.00 will be applied after that date)
  - a. Permit Fee \$125.00 includes sticker for 1<sup>st</sup> vehicle (one sticker)
  - b. Fee for additional vehicles and trailers: \$10.00 - any vehicle, which is required to have a license plate, is also required to have a sticker.

2) Copy of Consumer Affairs License

3) Insurance and Indemnification:

**We will not accept incomplete applications. Permit stickers will be issued only when all of the above requirements are fulfilled.**

I have received, read, and understand the Village of East Williston Landscaper Law:  
(The local law can also be viewed at [www.eastwilliston.org](http://www.eastwilliston.org) under Village Code – Chapter 18 - enclosed)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

**THE VILLAGE CLERK MAY REVOKE OR SUSPEND ANY LICENSE UPON RECEIVING INFORMATION OF ANY VIOLATION OF THE VILLAGE LANDSCAPING LAW, OR ANY OTHER LAW OF THE VILLAGE OF EAST WILLISTON. THESE VIOLATIONS INCLUDE BUT ARE NOT LIMITED TO:**

- *Illegal Dumping*
- *Littering*
- *Parking Violations*
- *Traffic Violations*

**IN ADDITION, ANY VIOLATION OF THE LANDSCAPER LAW MAY RESULT IN A FINE OF NOT LESS THAN TWO HUNDRED DOLLARS (\$200.00), AND NOT MORE THAN TWO HUNDRED FIFTY (\$250.00).**

AMOUNT RECEIVED: \_\_\_\_\_

DATE PAID: \_\_\_\_\_

STICKERS ISSUED: \_\_\_\_\_

**INSURANCE REQUIREMENTS FOR OBTAINING A PERMIT &/OR TO REGISTER /  
LICENSED CONTRACTOR TO WORK WITHIN THE MUNICIPALITY**

**Page One of Two**

Applicant shall maintain at a minimum the following insurance coverages, **giving evidence of same to the Incorporated Village of East Williston, on the Acord form Certificates of Insurance, stating all work performed at any and all locations, copy of the Additional Insured Endorsement, providing 30 days' notice of cancellation, non-renewal or material change.** New York State licensed carrier is preferred; any non-licensed carriers will be accepted at the Municipalities discretion. The insurance carrier must have an A.M. Best Rating of at least A- IX. The insurance coverage limits set forth in Schedule below are minimum coverage requirements, not limitations of liability. All subcontractors must adhere to the same insurance requirements.

**Certificate Holder should read:   Incorporated Village of East Williston**  
2 Prospect Street  
East Williston, NY 11596

**Description Box to read:**  
**Incorporated Village of East Williston**, all elected and appointed officials, employees and volunteers are included as primary and non-contributory additional insureds per the General Liability including Contractual Liability and Products and Completed Operations, Automobile Liability and Excess Liability (if Excess Liability is applicable).

**I. WORKER'S COMPENSATION AND NYS DISABILITY**

Coverage	Statutory
Extensions	Voluntary compensation All states coverage; Employers liability – unlimited
Required Form for Workers Comp:	C105.2 – certificate of NYS Workers Compensation Insurance Coverage OR if you are insured with the State Insurance Fund, form SI-26.3 – State Insurance Fund Certificate of Workers Compensation Insurance
Required Form for NYS Disability:	DB120.1 – Certificate of Disability Benefits Insurance for New York State Employees

**II. COMMERCIAL GENERAL LIABILITY**

Coverage	Occurrence – 1988 ISO or equivalent
Limits	General Aggregate                   \$2,000,000 Products-Comp/Ops Aggregate   \$1,000,000 Personal. & Advertising. Injury   \$1,000,000 Each Occurrence                    \$1,000,000 Damage to Premises Rented To You\$ 100,000 Medical Exp. (Any one Person)   \$    5,000

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**Page Two of Two**

Additional Insured	Incorporated Village of East Williston and all appointed and elected officials, employees and volunteers Using ISO form CG2026 or equivalent on a primary and non-contributory basis.
Mandatory	Contractual Liability to cover the Hold Harmless.

**III. AUTOMOBILE INSURANCE**

Coverage	Standard New York policy insuring all owned, hired, and non-owned vehicles
Limits	Minimum Limit - \$1,000,000 CSL
Additional Insured	Incorporated Village of East Williston and all appointed and elected officials, employees and volunteers on a primary and non-contributory basis.

**IV. UMBRELLA LIABILITY - RECOMMENDED**

Coverage	Umbrella Form or Excess following form of primary General Liability and Automobile Liability
Suggested Limit	\$2,000,000
Additional Insured	Incorporated Village of East Williston and all appointed and elected officials, employees and volunteers

**V. HOLD HARMLESS/INDEMNIFICATION AGREEMENT**

The applicant/contractor shall indemnify, defend and hold the Incorporated Village of East Williston and all appointed and elected officials, employees and volunteers of the Incorporated Village of East Williston harmless against any claim of liability or loss including the cost of defense for personal injury or property damage resulting from or arising directly or indirectly out of, or resulting from, the permit holder's or Licensee's operations within the Municipality/Village, including losses arising out of the negligent acts or omissions of the contractor, its servants or agents, and any subcontractors, its servants or agents.

IN WITNESS WHEREOF, the undersigned has duly executed this Agreement the \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Witness:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Applicant - Name of Firm - Contractor

\_\_\_\_\_  
Address

\_\_\_\_\_  
Contractor's Signature

\_\_\_\_\_  
(Please Print Name and Title)

## **SPECIAL NOTATIONS:**

- I. Per the Workers Compensation Law, all municipal and State entities are to ensure that all applicants applying for permits, licenses or contracts have appropriate workers compensation and disability benefits insurance coverage. Businesses must provide evidence of proper coverage by using:

Workers Compensation: C105.2 OR (State Insurance Fund Form) SI-26.3

NYS Disability: DB120.1

- II. If you do not maintain Workers Compensation and NYS Disability due to a valid exemption, the following form must be submitted to the Municipality:

CE-200 – Certificate of Attestation of Exemption from NYS Workers Compensation and/or Disability Benefits Insurance Coverage.

Starting December 1, 2008, ONLY applicants eligible for exemptions must file a new CE-200 for each and every new or renewed permit, license or contract issued by a government agency. You can obtain this form from the Workers Compensation Boards' website, <http://www.wcb.state.ny.us/> or by calling (518) 486-6307.

- III. If Applicant is a Homeowner serving as the General Contractor for his/her primary Residence, the applicant must provide the following:

1. Affidavit of Exemption to Show Specific Proof of Workers Compensation Insurance Coverage for a 1, 2, 3, or 4 Family Owner-occupied Residence – Form BP-1 OR if after reviewing this form, you do not qualify for a Workers Compensation Exemption, you must acquire appropriate Workers Compensation Coverage and provide appropriate proof as mentioned above.
2. Provide copy of Homeowners Insurance that is currently in effect and covers the property listed on the Building permit.