



Township of South Orange Village

101 South Orange Avenue
South Orange, N.J. 07079

Return Form to Building Department

APPLICATION FOR ANNUAL PERMIT TO PERFORM SERVICES AS A COMMERCIAL LANDSCAPER, GARDENER, OR ARBORIST WITHIN THE CONFINES OF THE TOWNSHIP OF SOUTH ORANGE VILLAGE

The undersigned hereby applies for a n annual permit as a contractor engaged in landscaping, gardening and/or arborist services covered under the Recycling Ordianance of the Township of South Orange Village, and does hereby submit the following information:

Applicant's Name: _____ Date: _____

Applicant's Business Name: _____

Business Address: _____

Street Name City State Zip

Telephones - Business: _____ Home: _____

(Area Coide, PLEASE, if not 201)

Owner's Driver's License Number:

(Indicate if not a N.J. License)

Social Security Number: _____

Indicate the range of services you provide to clients in South Orange. Check all appropriate lines. List any additional services not covered.

<u>Check</u>	<u>Service</u>	<u>Check</u>	<u>Service</u>
_____	Grass Maintenance	_____	Stump Cutting
_____	Shrubbery Maintenance	_____	
_____	Landscape Construction/Renovation	_____	Vegetative Debris Hauling & Disposal
_____	Tree Trimming	_____	Pesticide/Herbicide Application
_____	Other, describe fully: _____		

List all the vehicles that you use in servicing South Orange clients. A permit will be issued in the form of an adhesive sticker for each vehicle at no additional charge. The fee is \$35.00 per applicant and \$15.00 for each yearly renewal:

Year	Make	Body Type	License Plate Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FOR OFFICE USE ONLY: DATE PAID: _____
AMOUNT PAID: \$ _____ RECEIPT _____

STICKER #S _____

If applicant is an Individual:

Name: _____

Residence: _____

Date of Birth: _____ Place of Birth: _____

If applicant is partnership, attach sheet setting forth name, residence, date of birth and place of birth for all partners.

If applicant is corporation, attach sheet setting forth name, residence, date of birth and place of birth of all officers and all stockholders owing 10% or more of issued stock.

Name of Registered Agent _____

Address of Same _____

Phone Number _____