

**Village of Williamsville**  
 5565 Main Street, Williamsville, New York 14221  
 Tel: 716-632-4120, ext. 3010 - FAX: 716-632-6009  
**Application for Snow Plow Permit**  
 (You may photocopy this blank form for each additional vehicle)

1. Owner/Business Name: \_\_\_\_\_
2. Home address: \_\_\_\_\_ Zip \_\_\_\_\_
3. Phone/Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**REQUIREMENTS: (Incomplete applications will not be accepted)**

1. Fee: **\$40.00 per vehicle** (Cash or check made out to Village of Williamsville)
2. Copy of registration for each vehicle (**NOT** the insurance card)
3. Certificate of Liability Insurance (up to date) with Village of Williamsville listed as "Certificate Holder" (Call your insurance agent and have them fax it to us at 716-632-6009)
4. Workers' Compensation – Proof that you carry it. **ONLY** WC Form 105.2 **OR** New York State Insurance Fund U-26.3. (Do not send us the poster) **ACCORD is not acceptable.**
5. Workers Disability Insurance – Proof that you carry it. **ONLY** form we will accept is DB 120.1. (Do not send us the poster).

6. If you are exempt from #4 or #5 or both of the above: **ONLY** proof we will accept is Form CE-200 "Certificate of Attestation of Exemption from NYS Workers' Comp and /or Disability Benefits Coverage". (As of 12/1/08 – Replaces WC/DB 100 and Form C-105.21)

Call NYS Workers' Comp. in Albany at 518-402-6735 or Buffalo office at 842-2055 for details. Check out: [www.wcb.state.ny.us](http://www.wcb.state.ny.us) for details and forms.

7. List of addresses your company is plowing. (on a separate sheet)
8. Color of your stakes: \_\_\_\_\_

**VEHICLE INFORMATION**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Color: \_\_\_\_\_ Plate# \_\_\_\_\_

VIN #: \_\_\_\_\_

\*\*\*Has any owner, partner, proprietor, officer, employee or agent been convicted for violation of any laws, ordinance, rule or resolution occurring in connection with snow plowing or snow removal? Yes \_\_\_ No \_\_\_.  
 If YES, explain: \_\_\_\_\_

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Approved: \_\_\_\_\_ Fee Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Check List: Fee \_\_\_ Registration \_\_\_ Liability \_\_\_ WC 105.2 or U-26.3 \_\_\_ Disability 120.1 (OR Exempt CE-200) \_\_\_

List of addresses being plowed \_\_\_\_\_