

**VILLAGE OF SLEEPY HOLLOW**

**APPLICATION FOR GARDENER'S PERMIT**

**PERMIT FEE: \$175.00**

**PER VEHICLE FEE: \$25.00**

**Requirements: \$1,000 BOND, Copy of Vehicle Registration and Vehicle Insurance,  
Certificate of Liability Insurance, Westchester County Home Improvement License**

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

If applicant is a corporation, list the names and addresses of the officers thereof:

\_\_\_\_\_

Number of Employees: \_\_\_\_\_

Has applicant made previous applications in Sleepy Hollow? \_\_\_\_\_ If yes, explain:

\_\_\_\_\_

Has any license of applicant been refused, suspended or revoked? \_\_\_\_\_ If yes, explain  
Circumstances: \_\_\_\_\_

Has applicant, or if applicant is a corporation, any officer thereof, been convicted of a crime? \_\_\_\_\_  
If yes, give date, place and circumstances: \_\_\_\_\_

\_\_\_\_\_

The applicant herein has read all of the terms and conditions of Sleepy Hollow Local Law entitled  
"Gardeners" and affirms that he/she will comply in all respects (see attached).

\_\_\_\_\_  
Applicant's Signature

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

Permit Fee received \_\_\_\_\_ Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_

Denied \_\_\_\_\_ Date \_\_\_\_\_

Effective \_\_\_\_\_ through \_\_\_\_\_

(Turn over please)

Provide the following information for all vehicles to be used by the applicant:

Make/Model: \_\_\_\_\_ Identification No. \_\_\_\_\_

Owner's Name: \_\_\_\_\_ License Plate No. \_\_\_\_\_

Provide the following information for all vehicles to be used by the applicant:

Make/Model: \_\_\_\_\_ Identification No. \_\_\_\_\_

Owner's Name: \_\_\_\_\_ License Plate No. \_\_\_\_\_

Provide the following information for all vehicles to be used by the applicant:

Make/Model: \_\_\_\_\_ Identification No. \_\_\_\_\_

Owner's Name: \_\_\_\_\_ License Plate No. \_\_\_\_\_

Provide the following information for all vehicles to be used by the applicant:

Make/Model: \_\_\_\_\_ Identification No. \_\_\_\_\_

Owner's Name: \_\_\_\_\_ License Plate No. \_\_\_\_\_

.....  
Office Use Only

PD Approval \_\_\_\_\_ Date \_\_\_\_\_ PD Signature \_\_\_\_\_

PD Denial \_\_\_\_\_ Date \_\_\_\_\_ PD Signature \_\_\_\_\_