



**CITY OF LACKAWANNA**  
SNOW PLOWING PERMIT APPLICATION

SEPTEMBER 1<sup>ST</sup> – AUGUST 1<sup>ST</sup>

20\_\_\_\_\_

PERMIT # \_\_\_\_\_

**PLEASE PRINT LEGIBLY**

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

Address: \_\_\_\_\_

Street

Town/City

Zip

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

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

**List of vehicles used by applicants:**

	<u>Vehicle Identification Number (VIN)</u>	<u>Make:</u>	<u>Year:</u>	<u>Plate #:</u>
Vehicle #1	_____	_____	_____	_____
Vehicle #2	_____	_____	_____	_____
Vehicle #3	_____	_____	_____	_____

**CERTIFICATE OF INSURANCE REQUIRED**

Insurance Carrier Certificate Attached: Yes \_\_\_\_\_ No \_\_\_\_\_ Carrier \_\_\_\_\_

I HEREBY CONSENT TO ALL RULES AND REGULATIONS SET FORTH BY LACKAWANNA CITY CODE CHAPTERS 146, 188 AND 194.

Fee Received by City Clerk: \$25.00 X \_\_\_\_\_ = \$ \_\_\_\_\_ Cash: Yes \_\_\_\_\_ No \_\_\_\_\_ Check #: \_\_\_\_\_

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

City Clerk Signature: \_\_\_\_\_ Date: \_\_\_\_\_