



CITY OF TONAWANDA, NEW YORK

OFFICE OF THE CITY CLERK

200 Niagara Street · Tonawanda, New York 14150-1099

Phone: 695-8318

Fax: 695-8315

JANICE R. BODIE
City Clerk

KATHLEEN GREENAWALT
Deputy City Clerk

CITY OF TONAWANDA *SNOW PLOW PERMIT*

Date: _____

Business Name: _____

Business Address: _____

City/State/Zip: _____

Business Phone: _____

Owner of Business: _____

Owner's Address: _____

Home Phone: _____

Additional Driver's Name _____

Address _____

Home Phone: _____

I will faithfully adhere to the provisions of the laws of the State of New York and the City of Tonawanda as they relate to this business and the conduct thereof.

I will hold the City of Tonawanda harmless and indemnify the City for any and all injuries, damages and/or causes of action, which might arise as a result of the snow plowing or snow removal operation.

Signature of Applicant

*The issuing agent must have a copy of: **Certificate of Insurance with City of Tonawanda**, 200 Niagara St., Tonawanda, NY 14150 named as additional insured

*The issuing agent must see a copy of: **Registration of vehicle(s)** doing plowing

*The issuing agent must have a list of: **Names, addresses & phone numbers of your customers.**