



# CITY OF TONAWANDA, NEW YORK

OFFICE OF THE CITY CLERK

200 Niagara Street · Tonawanda, New York 14150-1099

Phone: 695-8318 Fax: 695-8315

**James P. Kossow**  
*City Clerk*

**LAURIE L. SCHULTZ**  
*Deputy City Clerk*

October 4, 2019

**Dear Snow Plow Operator:**

Once again it is time to purchase your Snow Plow Permit for the City of Tonawanda. As stated in the Code Book of the City of Tonawanda, "It shall be unlawful for any person engaged in the business of snowplowing or snow removal operations by use of a motor vehicle to do so without first obtaining a permit for each motor vehicle used in such operations from the Clerk of the City of Tonawanda."

Please fill out the enclosed form and return to the City Clerk, 200 Niagara Street, Tonawanda, NY, 14150, along with the following:

- A Certificate of Liability Insurance naming the City of Tonawanda as additional insured, from an insurance company licensed to do business in the State of New York, which includes **General Liability in the amount of \$300,000.00 and Auto Liability with minimum coverage limit of \$500,000.00, along with property damage coverage with minimum limit of \$50,000.00.**
- A copy of the registration for all vehicles that will be used for plowing
- A list of all customers you will be plowing for
- \$25.00 for the first vehicle and \$10.00 per additional vehicle

**All of the above items must be submitted with the application in order to receive your permit.**

Snow plowing permits that are issued this current season are valid through June 1, 2020. If you have any questions please call the Clerk's Office at 695-8318. The Certificate of Insurance may be faxed to the Clerk at 695-8315. Thank you.

City of Tonawanda

City Clerk's Office



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## 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.**

**PLOWING LIST**

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

Please provide a list of name, address and phone number of customers plowing for in the City of Tonawanda.

Name

Address

Phone Number


**PLEASE UPDATE LIST AS YOU GET NEW CUSTOMERS & FAX TO 695-8315 or mail to City Clerk, 200 Niagara St., Tona., NY 14150**