

**BOROUGH OF NEW MILFORD
BUILDING DEPARTMENT
930 River Road, New Milford, NJ 07646
PHONE (201)967-8172 x4001 – FAX (201)967-1741**

NEW MILFORD LICENSE NUMBER _____ FEE \$ _____

Contractor OR Landscaper's Registration Application

DATE _____ FEDERAL I.D. or SS# _____

APPLICANT NAME _____

ADDRESS _____

TELEPHONE NUMBER _____ How Long in Business _____

Prior Location if less than 3 years _____

Individual Partnership Corporation

PARTNERSHIP/CORPORATION NAME _____

PARTNERSHIP/CORPORATION ADDRESS _____

TELEPHONE NUMBER _____

Applicant Signature _____

Classification (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> General Contractor | <input type="checkbox"/> Swimming Pool |
| <input type="checkbox"/> Roofing/ Siding Contractor | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Sign Contractor | <input type="checkbox"/> Other _____ |

Landscaper

Plate No. _____	Vehicle Make _____	Model _____
Plate No. _____	Vehicle Make _____	Model _____
Plate No. _____	Vehicle Make _____	Model _____
Plate No. _____	Vehicle Make _____	Model _____
Plate No. _____	Vehicle Make _____	Model _____
Plate No. _____	Vehicle Make _____	Model _____
Plate No. _____	Vehicle Make _____	Model _____
Plate No. _____	Vehicle Make _____	Model _____

✓ **LANDSCAPERS MUST submit a copy of your registration and vehicle insurance card**

Does the Applicant carry Liability Insurance? _____

- a) Public Liability _____
- b) Workman's Compensation _____
- c) Amount of Coverage _____
- d) Name of Policy Writing Company _____

POLICE DEPARTMENT: APPROVED _____ **DENIED** _____

✓ **Please have your insurance company fax us a copy of your certificate of liability made out to: The Borough of New Milford and fax to 201-262-1904**