



Incorporated Village of Malverne

99 Church Street, Malverne, New York 11565-1726
Phone: (516) 599-1200 • Fax: (516) 599-0613

Patricia Ann Norris-McDonald, Mayor

Joseph J. Hennessy, Deputy Mayor
Michael T. Bailey, Trustee
John J. O'Brien, Trustee
Patricia Canzoneri-Callahan, Trustee

Teresa Emmel, Clerk-Treasurer
James Frankie, Village Attorney

Dear Landscaper, Gardener & Tree Surgeon;

The following must be submitted to this office in order to do work in the Inc. Village of Malverne. Licenses must be renewed annually. Kindly return the completed application to us with a copy of the following:

1. Copy of your Nassau County Landscaping License or Tree Surgeon License
2. Copies of your registrations for all motorized vehicles used in your business
3. A copy of your New York State Department of Environmental Pesticide Applicators Licenses (when applicable)
4. A copy of your current Dumping permit (or current receipt for same)
5. A copy of your liability insurance with the Village of Malverne listed as the **CERTIFICATE HOLDER** as well as the **ADDITIONALLY INSURED**. In addition please submit a copy of the **DECLARATION PAGE** from your liability policy showing **SCHEDULE OF OPERATION**.
6. Certificate of **DISABILITY BENEFITS** insurance coverage and **WORKERS COMPENSATION INSURANCE** with the Village of Malverne listed as the **CERTIFICATE HOLDER**. If you employ no help then you must submit a Waiver (CE-200) from the NYS Workers Compensation Board. Accord forms will NOT be accepted as proof of Workers Compensation Insurance (see attached information as the guidelines have changed.)

We will not issue license renewals unless all documents are provided. Failure to renew your license will result in a summons being issued by the Malverne Police Department/Building Dept.

The contractor shall be responsible for the disposal of all yard waste and debris. No debris will be placed at the curb or in the roadway as stated in Malverne Local Law #7 of 1987.

All applications must be signed and notarized.

The fees are as follows:	1 st Truck	\$60.00
	Each additional truck	\$30.00
	No charge for trailers	

Very truly yours,

Teresa Emmel
Clerk Treasurer

APPLICATION FOR COMMERCIAL LANDSCAPERS, GARDENERS & TREE SURGEONS

1. Name: _____ Business Tel# _____
2. Business Name: _____
3. Business Address: _____
4. Nassau County LANDSCAPER Lic# _____ Expiration Date: _____
5. Nassau County TREE SURGEON Lic# _____ Expiration Date : _____
6. Please list all vehicles to be used in your business, if additional room is required, list on a separate sheet.

Truck(s)	Year/Make/Model	Plate#	Registration Expires	Permit #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. Dumping Site: _____ Dumping Permit # _____
8. NYS Dept. of Environment Pesticide Applicators License # _____
9. Liability Insurance Policy # _____ Expiration Date: _____
10. Declaration Page/Schedule of Operation attached _____
11. Workers Compensation Policy # _____ Expiration Date _____ Waiver _____

12. CONDITIONS FOR LICENSING:

- a. The contractor shall be responsible for the disposal of all yard waste and debris. No debris will be placed at the curb or in the roadways.
- b. Name of your company shall be indicated on both sides of any vehicle used in your name, address and telephone number.
- c. **PERMIT WILL BE DISPLAYED ON DRIVER'S DOOR**
- d. Annual fee of \$ 60.00 for the 1st Truck and \$30.00 each additional truck due January 1st of each year.

FAILURE TO COMPLY WILL RESULT IN REVOCATION OF YOUR LICENSE AND/OR A SUMMONS BEING ISSUED BY THE MALVERNE POLICE DEPARTMENT.

State of New York
County of Nassau

_____, being duly sworn, disposes and says that he/she is the person or entity whose business involves the placing, planting arranging, trimming, cutting and removing of trees, maintenance of lawns, trees, bushes, shrubs, gardens and related appurtenances on land or property for the purpose of improving same. That all statements made in this application are true to the best of his/her knowledge and belief, and that he/she agrees to the above conditions for licensing in the Village Of Malverne.

Sworn to before me this _____ day of _____ 2 _____

(Signature)

EMAIL ADDRESS: _____

Please Print

Letter from the Chair of the Workers' Compensation Board

October 27, 2008

Workers' compensation law (WCL) requires the heads of all municipal and state entities to ensure that businesses applying for permits, licenses, or contracts have appropriate workers' compensation and disability benefits insurance coverage. This requirement applies to both original issuances and renewals, whether the governmental agency is having the work done or is simply issuing the permit, license or contract.

An instruction manual that will further clarify the requirements, including instructions for a new CE-200 exemption form that becomes effective on Dec. 1, 2008, is available to download at the Workers' Compensation Board's website, www.wcb.state.ny.us. Once you are on the website, click on *Employers/Businesses*, then *Business Permits/Licenses/Contracts*; from there, click on *Instruction Manual for Businesses Obtaining Permits/Licenses/Contracts*.

Government officials without access to the web may call (518) 486-6307 to have a copy of this instruction manual mailed to them. I encourage you to obtain one for your records.

Also included in the instruction manual is a copy of General Municipal Law Section 125 that requires all applicants to provide proof of workers' compensation compliance when applying for a Building Permit.

Ensuring that businesses receiving permits, licenses or contracts from municipal and state agencies comply with the WCL protects both injured workers and employers. In addition, such oversight helps to level the playing field, by strictly enforcing the requirement that all businesses maintain mandatory insurance coverage. Municipal and state agency cooperation is a critical component of encouraging business compliance.

Please note that ACORD forms are NOT acceptable proof of New York State workers' compensation or disability benefits insurance coverage.

Form WC/DB-100 Will Be Retired

Form WC/DB-100, currently used to demonstrate exemption from workers' compensation and/or disability benefits insurance, will be retired on Dec. 1, 2008. Accordingly, a WC/DB-100 stamped prior to Dec. 1, 2008 cannot be used as proof of exemption for new or renewed permits, licenses or contracts issued by government agencies after that date. Instead, Form CE-200, which replaces Form WC/DB-100, must be used for applicants seeking exemptions starting on Dec. 1, 2008.

New Form CE-200

Form CE-200 reflects a new process for granting exemptions from workers' compensation and disability benefits insurance coverage requirements. Historically, the WC/DB-100 exemption forms were valid for multiple permits, licenses or contracts where the applicant applied, had to be notarized, and had to be stamped by the New York State Workers' Compensation Board.

Effective Dec. 1, 2008, this process will change. **Exemptions** will no longer be valid for multiple permits, licenses or contracts for which the applicant applied. Further, exemptions no longer have to be notarized, nor do they have to be stamped by the NYS Workers' Compensation Board. (Government agencies may continue to use insurance and self-insurance certificates for multiple permits, licenses or contracts issued to a specific legal entity during the coverage period listed on insurance/self-insurance related certificates).

Starting Dec. 1, 2008, only applicants eligible for exemptions must file a new CE-200 for each and every new or renewed permit, license or contract issued by a government agency. Each CE-200 will specifically list the issuing government agency and the specific type of permit, license or contract requested by the applicant. Applicants for building permits will also need to supply additional information including identifying the specific job location and the estimated cost of the project.

Please ensure that Form CE-200 is signed and dated by the applicant. Each CE-200 will have a certificate number printed on it. You can verify if the CE-200 provided to you by the applicant was actually issued by the Workers' Compensation Board by checking on the Board's website.

The majority of these forms will be processed electronically. Applicants will be able to fill out the CE-200 on-line and upon completion, print out a copy of the CE-200 that they will then submit. Computers with internet access are available for CE-200 electronic application processing at Customer Service Centers located in Workers' Compensation Board District Offices across the state. Applicants without access to a computer may obtain a paper application by writing or visiting any Workers' Compensation Board district office.

Please see page 12 of the instruction manual for a description of the process related to the CE-200. A sample copy of the new Form CE-200 is enclosed.

Other Important Highlights

Form BP-1 is the only form that municipal and state agencies may now reproduce themselves and distribute as part of this process. The instruction manual will identify where applicants may obtain the other forms used to enforce these sections of the Workers' Compensation Law. Please ensure that the legal entity name and the Federal Employer Identification Number (FEIN) on certificates of insurance, self-insurance, or attestation for exemption exactly matches the legal entity name and FEIN of the applicant applying for the permit, license or contract that you are issuing.

Please notify the permit-issuing, license-issuing and contract-making agencies or departments within your jurisdiction of these requirements so that they may comply with the Workers' Compensation Law. If you have any questions or require additional information, please call Steve Carbone of the NYS Workers' Compensation Board, Bureau of Compliance at (518) 486-6307.

Thank you for your continued support of the Board.

Sincerely,

Chair, NYS Workers' Compensation Board