



Office of the City Clerk 255 Main Street, White Plains, NY 10601 (914) 422-1227

APPLICATION FOR LICENSE TO ENGAGE IN THE BUSINESS OF WINDOW CLEANING

In order to file you will need:

- This completed application with notarized signature
- Three (3) current passport photos
- Applicant must be fingerprinted by the White Plains Police Department prior to filing this application. A \$75.00 fee (Money Order ONLY, made payable to, "City of White Plains") is required at time of fingerprinting. If there is more than one applicant, each applicant must be fingerprinted and additional application filed.
- Payment in the amount of \$125.00
- Commercial General Liability Insurance Policy naming the City of White Plains as additional insured with minimum limits of \$1,000,000 per occurrence.
- NY State Disability and Worker's Compensation Insurance

Dated: _____ 20__

I, the undersigned, do hereby make application for a license to engage in the business of window cleaning, under Ordinance adopted on April 4, 1949, with amendments thereto:

Name in full: _____

Residence: _____

Doing business as: _____

Business address: _____

If a co-partnership, full names of each partner and the name under which the partnership does business:

If a corporation, full names of the officers, together with the offices held by them and also the correct corporate name of the corporation:

List the name and address of each employee engaged in window cleaning:

Insurance: _____ Policy Number: _____ Date of expiration _____
(Name of Company)

STATEMENT IN CONNECTION WITH WINDOW CLEANER LICENSE

Name in full: _____

Residence: _____

Residence during past five years previous to present address

List names and addresses of your employers and your occupations for the past five years:

| Year | Employer | Address | Occupation |
|------|----------|---------|------------|
| | | | |
| | | | |
| | | | |

Have you ever been arrested? Yes No Convicted of a felony or misdemeanor? Yes No

Summoned to court? Yes No If yes, give Particulars: _____

Age: _____ Date of Birth: _____ Place of Birth: _____ Sex _____ Height _____

Weight _____ Eye color _____ Hair color _____ Social Security Number: _____

Date of photograph: _____ (Three photographs, 2" x 2", full face, taken within thirty days preceding filing of application.)

(Signature)

Sworn to before me this _____ day of _____, 20__

Notary Public

DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY

Public Safety

Application filed at Police Headquarters on _____

Fingerprints taken on _____ by _____

Recommendation of Commissioner of Public Safety : _____ on _____
(Granted or Refused) Date

By _____
Commissioner of Public Safety

City Clerk

Notification mailed on: _____ License No.: _____

Issued: _____ Expires: _____ By: _____
City Clerk