

DATE: _____

SR PERMIT NUMBER: _____

TOWN OF AVON
PUBLIC WORKS
P.O. BOX 975
AVON, CO 81620
970-748-4100
970-748-1958 fax

SNOW REMOVAL CONTRACTOR'S PERMIT



Applicant: _____

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____ Fax: _____

E-Mail address: _____

State Drivers License Number: _____ Expiration Date: _____

Sticker #'s for Plow Vehicles: _____

Per Section 5.20.050 of the Avon Municipal Code, each permit holder shall provide a certificate of insurance for workman's compensation with minimum limits of not less than \$100,000 for any one person or accident, and public property damage with a minimum of not less than \$100,000 for any one accident. (AMC Chapter 5.20 Snowplows).

I, the undersigned, acknowledge that all information provided to the Town of Avon is true and correct. I affirm that I am familiar with the Ordinances and Regulations of the Town relative to snow removal within the Town, and shall perform in compliance with these and the Class II Contractor's License regulations.

Contractor Name: _____ Date: _____

(Print Name)

Contractor Signature: _____

Approved by: _____ Date: _____

Town of Avon Public Works Department

Fee Pd \$ _____ Date: _____ Receipt #: _____

