

(Photos)

## Village of Lynbrook License Application



# SANITATION TRUCK DRIVER

Last name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex: M / F

Phone \_\_\_\_\_ Social Security # \_\_\_\_\_ Or Business Tax ID # \_\_\_\_\_

Address \_\_\_\_\_

Business / employer name: \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ I'm a: Citizen \_\_\_\_\_ Non – Citizen \_\_\_\_\_ of the United States

**If you're not a citizen attach a copy of your work authorization from the Immigration and Naturalization Service.**

Have you ever been convicted of any Offense? \_\_\_\_\_. If yes indicate: Offense 1. \_\_\_\_\_

2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

If more than four, complete on a separate piece of paper and attach to this application.

New York State Driver License ID # \_\_\_\_\_. Date License Expires \_\_\_\_\_ Class \_\_\_\_\_. Has this License

ever been suspended, revoked, cancelled or denied? \_\_\_\_\_ If yes, indicate the details: \_\_\_\_\_

I have attached: a) Filing Fee \_\_\_\_ b) 3 Photos \_\_\_\_ c) Copy of Driver's License \_\_ d) Copy of Receipt for Fingerprinting \_\_\_\_

**I hereby agree to a full investigation of my background, character and fitness and all information given on this application. I understand that any false information may result in the denial of the license or subsequent revocation of my license. I understand that the Lynbrook Village Code may require that I be fingerprinted in connection with this license application and that the license may be denied or subsequently revoked for a conviction of a crime or for violating any section of the Lynbrook Village Code.**

**Signature of Applicant** \_\_\_\_\_

State of New York } ss  
County of Nassau

\_\_\_\_\_ being duly sworn, deposes and says that he/she is the applicant described above and that the answers, information and statements on this application are true of his/her own knowledge and belief.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Notary Public, Nassau County, New York.

Signed \_\_\_\_\_

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Not qualified due to \_\_\_\_\_

License Approved: Chief of Police \_\_\_\_\_ Date \_\_\_\_\_ Mayor: \_\_\_\_\_ Date \_\_\_\_\_

Application Fee Paid\$ \_\_\_\_\_ Receipt# \_\_\_\_\_ **LICENSE #** \_\_\_\_\_ issued on \_\_\_\_\_ by \_\_\_\_\_