



TOWN OF CLARKSTOWN CLARKSTOWN SANITATION COMMISSION

10 Maple Avenue. New City, New York 10956
Phone: (845)639-2111. Fax: (845)634-3743

ANNUAL LICENSE #:
DATE RECEIVED:
CONSTRUCTION & DEMOLITION:
CARTING BROKER:

NEW APPLICATION:
RENEWAL APPLICATION:
GARBAGE PICK UP:

APPLICATION FOR LICENSE TO ENGAGE IN SOLID WASTE COLLECTION BUSINESS IN THE TOWN OF CLARKSTOWN

State of New York
County of Rockland

I, _____ being duly sworn deposes and says:

Applicant resides at:

and hereby makes application for a license to engage in the solid waste removal business in the Town of Clarkstown as provided in Chapter 149 of the Clarkstown Town Code.

1. Person or Entity to be licensed:

Name: _____

Check one: CORPORATION _____ INDIVIDUAL _____ PARTNERSHIP _____

Address: _____

Telephone: _____ Cell Phone: _____

Fax: _____ E-mail: _____

Number of shareholders: _____ Number of Partners: _____

Initials of Party Executing Application: _____ EID# _____ Name of Company _____

Date business was started: _____ . EID# _____

Address of Business: _____

Garage address: _____

Please check if business location is owned by applicant: ____ OR rented ____ . If rented, attach copy of lease agreement.

Does any person or entity have an ownership interest in this business which is not disclosed in this application: YES ____ OR No ____ . If yes, explain circumstances:

Trade name or Assumed name, if any:

If a Corporation is seeking a license, attach a certificate of good standing and authorization to do business in New York dated no earlier than thirty days from date of application. If trade name or assumed name is being used, attach certified copy of current certificate filed in the Rockland County Clerk's Office for individual or partnership; If a Corporation, attach a copy of filing receipt of Department of State for use of assumed name.

Is this an application to engage in (a) Collection of Solid Waste? _____
(b) Collection of C & D Waste? _____ (c) Brokering for Carters? _____
(Please check one or all three)

2. Please provide a brief note on your experience in the field of garbage collection:

Initials of Party Executing Application: _____ EID# _____ Name of Company _____

3. Is any unlicensed Carter utilizing your services, equipment or license to pick up garbage in the Town of Clarkstown? Or are you conducting solid waste business for any unlicensed carter or company in the Town of Clarkstown? YES:_____ NO:_____. If YES, please identify name, address, telephone number of the person or company.

4. Do you utilize the services of a "broker or consultant" to obtain customers? YES_____NO_____. If YES, please identify name, address, telephone number.

5. FOR INDIVIDUAL APPLICATON: (Corporate applicants complete #8)

Current Residence Address: _____

Number of years at Address: _____

Telephone #: _____

If you have resided at the above address less than three years, list previous address: _____

Has applicant been previously licensed in Town of Clarkstown? YES_____NO_____

If YES, please indicate name on license, years licensed and reason for interruption, if any: _____

Initials of Party Executing Application: _____ EID# _____ Name of Company _____

8. Has any Solid Waste Collection license held in any other jurisdiction (listed in No.5 above) ever been suspended or revoked? YES _____ NO _____. If YES, identify the jurisdiction and fully state all the circumstances and present status of license. Attach supplementary sheets, if necessary. Also attach copy of determination, decision or settlement.

9. CORPORATE APPLICANTS:

List the name, date of birth, office held, residence address and telephone number for each Director and Officer of the Corporation. If Corporation is owned by another entity, give the same information for such entity. Attach supplementary sheets, if necessary.

Name	D.O.B.	Title	Address	Telephone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

10. List the names, address, date of birth, of all stockholders who have 20% or more ownership interest in the corporation:

_____ Percent owned _____ %.

_____ Percent owned _____ %

<i>Initials of Party Executing Application:</i> _____ <i>EID#</i> _____ <i>Name of Company</i> _____
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11. PARTNERSHIP APPLICANTS:

List the name, residence address and telephone number for all partners. Indicate percent interest for each partner:

_____ Percent owned _____ %

12. Describe proposed scope of operation in Town of Clarkstown intended by applicant:

13. Has the applicant or any of its officers, directors or shareholders, if a Corporation, or any of its partners, if a Partnership, ever been convicted of any crime in any jurisdiction or is there currently any case pending in any jurisdiction in which any of the above persons is charged with a crime? Non-criminal traffic infractions need not be considered. In all other cases, please provide date of conviction (or arrest if still pending), jurisdiction, nature of offense and disposition. Attach certified copy of court disposition for all completed cases. If case is pending, provide name and telephone number of prosecuting agency. Attach supplementary sheets if necessary:

Initials of Party Executing Application: _____ EID# _____ Name of Company _____

14. List all vehicles owned or leased by applicant which may be used in the Town of Clarkstown, on attached page 8, duly signed by the owner of the company.

15. Present number of employees: _____

16. Will the number of employees increase?: YES _____ NO _____

Approximately how many additional employees will be engaged? _____

If licensed, will any person, individual or business entity receive any form of compensation, other than wages or rent, as a result of the activities of licensee in the Town of Clarkstown YES _____ NO _____

If YES to the question above, please provide name, address, and tax ID #for all such persons/entity and explain nature of compensation contemplated. Attach supplementary sheets, if necessary.

<i>Initials of Party Executing Application:</i> _____ <i>EID#</i> _____ <i>Name of Company</i> _____
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18. Before a Solid Waste license is issued or renewed, a copy of each employee's driver's license must be on file with the Sanitation Commission. For all new hires, a copy of the employee's operator license must be filed with the Sanitation Commission within thirty days from the date of hire. Failure to comply with this directive may be grounds for refusal, suspension or revocation of a license.

19. The following items are attached hereto and made part of this application:

- _____ Photographs (3 passport size for **NEW APPLICANTS ONLY**) for each applicant, partner, corporate officer and shareholder owning 20% or more of issued stock of applicant.
- _____ Fingerprints of each individual applicant, partner, corporate officer and for each shareholder owning 20% or more of issued stock of applicant (for **NEW APPLICANTS ONLY**).
- _____ List of equipment as indicated.
- _____ Hold Harmless Agreement.
- _____ Application fee of \$500.00 (for **NEW APPLICANTS**) in favor of Town of Clarkstown.
- _____ Application fee of \$100.00 (for **RENEWAL APPLICANTS**) in favor of Town of Clarkstown.
- _____ Truck fee of \$100.00 for each truck.

20. The undersigned individual or agent of corporate applicant or partnership applicant acknowledges that he/she will bear in full, any cost incurred by the Sanitation Commission for the stenographic services provided and required at the public hearing involving this application, any supplement and/or renewal.

21. The undersigned individual, or agent of corporate applicant or partnership applicant understands that should any of the facts stated in this application change or if applicant or any officer, director, stockholder or partner or any non-individual applicant should be the subject of any crime or other disciplinary action as a result of engaging in the solid waste business in any jurisdiction, such fact or

<p><i>Initials of Party Executing Application:</i> _____ <i>EID#</i> _____ <i>Name of Company</i> _____</p>

Circumstance shall be reported to the Sanitation Commission on a supplementary application within ten (10) days from the date of the occurrence.

22. The undersigned individual, agent of corporate applicant or partnership applicant is aware of the Town of Clarkstown Chapter 149 of the Clarkstown Code as it relates to the Solid Waste Collection business in the Town of Clarkstown and the applicant agrees to comply with all the provisions therein.

Signature of Person Filing this Application

Print Name

Date of Birth

Sworn to before me

This _____ day of _____, 20_____.

Notary Public

**TOWN OF CLARKSTOWN
HOLD HARMLESS AGREEMENT**

The Applicant and all its employees and agents agrees to protect, defend, Indemnify and hold the Town of Clarkstown and its officers, employees and agents and save it harmless from and against any and all losses, penalties, damages, settlements, costs, charges and professional fees or other expenses or liabilities of every kind and character arising out of or relating to any and all claims, liens, demands, obligations, actions, proceedings, or causes of action of every kind and character in connection with or arising directly or indirectly out of this agreement and/or the performance thereof. Without limiting the generality of the foregoing, any and all claims, etc. relating to personal injury, death, damage to property, defects in materials or Workmanship, or any other violation of any applicable statute, ordinance, administrative order, rule or regulation or decree of any Court, shall be included in the indemnity hereunder, with the exception of claims, if any, caused by the sole negligence of the Town of Clarkstown.

The Applicant agrees to name the Town of Clarkstown as Additional Insured on its liability insurance policies by way of policy endorsements and provide the Town with Certificates of Insurance as may be required or evidence of insurance as may be required by the Town.

Signature of Contractor/Applicant

PRINT NAME

Date of Birth

State of New York)
)
County of Rockland)

On the _____day of _____, in the year _____, before me, the undersigned, personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that _____ executed the same in _____capacity, and that by _____signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public

INSURANCE REQUIREMENTS FOR ALL CONTRACTORS

As a contractor providing services to the Town of Clarkstown, we require that you provide us with the following as outlined below **prior to the commencement of any work:**

- Executed Contract (attached)
- Certificates of Insurance with the minimum requirements outlined below.

Commercial General Liability (Occurrence Form)

General Aggregate (other than Prod/Comp Ops Liability)	\$2,000,000
Products/Completed Operations Aggregate	\$1,000,000
Personal & Advertising Injury Liability	\$1,000,000
Each Occurrence	\$1,000,000
Fire Damage (Any one fire)	\$ 300,000
Medical Exp. (Any one person)	\$ 5,000

- ♦ The Town of Clarkstown, named as Additional Insured using ISO form CG2010 and including Completed Operations using form CG2037 or copies of the equivalent.
- ♦ Additional Insured Status must be on a primary and non-contributory basis.
- ♦ The General Aggregate must apply on a per project basis and per location basis
- ♦ Broad Form Blanket contractual Liability for liability assumed under the executed contract attached and all other Contracts relative to the project.
- ♦ Waiver of Subrogation in favor of the Town of Clarkstown, form#CG2404 or equivalent.

Automobile Liability

- ♦ Commercial Auto Liability Insurance covering the use of all Owned, Non Owned, and Hired Vehicles with combined Bodily Injury and Property Damage Limit of at least \$1,000,000.
- ♦ No fault liability as required by statute.

Workers Compensation and Employer's Liability

Workers Compensation – NY Statutory Coverage

Limits

Employer’s Liability

Bodily Injury by Accident	\$500,000 each accident
Bodily Injury by Disease	\$500,000 policy limit
Bodily Injury by Disease	\$500,000 each employee

- ♦ All States Endorsement

NY State Disability Benefits – Please provide a DB 120.1 form

Umbrella Liability

Each Occurrence and Aggregate \$2,000,000

The Umbrella must be excess over the General Liability, Automobile and Employers Liability.

The above coverage must be placed with an insurance company with an A.M. Best rating of A-:VII or better.

The Town of Clarkstown must be named as **Additional Insured** as respects General Liability

***Certificate Holder to read:
Town of Clarkstown
10 Maple Avenue
New City, NY 10956***

Insurance in said amounts shall be maintained throughout the life of the license. Failure to file certificates, or acceptance by the Town of Clarkstown of certificates of insurance which do not indicate coverage as specified herein, shall in no way relieve the applicant of his responsibility for maintaining required insurance.

**Any questions please call:
Town of Clarkstown
Insurance & Claims Manager
845-639-2048**

TOWN OF CLARKSTOWN SANITATION COMMISSION

INSTRUCTION SHEET FOR APPLICATION FOR SOLID WASTE COLLECTION BUSINESS LICENSE

All information requested on the application must be provided and all parts fully completed. The application must be prepared and sworn before a Notary Public by the person completing the same.

Applicants may contact the Clarkstown Police Department, Finger Printing Division, 20 Maple Avenue, New City, NY 10956. The telephone number is (845)639-5800. Please make an appointment.

The cost is \$75.00 per person and must be paid by check or United States Postal Money Order payable to Town of Clarkstown. Please pay this amount to the Town Clerk's office, located at 10 Maple Avenue, New City, NY 10956. Thereafter, proceed with the receipt to the Clarkstown Police Department located at 20 Maple Avenue, New City, NY 10956.

Fingerprints can also be taken by an out-of-town law enforcement agency. It is the applicant's responsibility to obtain the necessary number of fingerprint cards from the Clarkstown Police Department and the certification form for "best obtainable prints". This form will be filled out by the law enforcement agency taking the fingerprints and applicant will forward it directly to the Clarkstown Police Department with the fingerprint cards and \$75.00 payment as set forth on the certification forms.

When the application is completed and the fingerprints taken, notify the Secretary to the Clarkstown Sanitation Commission at (845)639-2111.

1. It is required that the Commission be furnished with three (3) passport size photographs of each individual applicant, all partners, all corporate officers, Directors and shareholders with 20% or more interest. Said photographs shall be 1 ½" square or oval and be taken within six (6) months of the application date. The Commission requires applicant to submit one original plus nine (9) copies of their application. This is applicable to new applicants only.
2. Fingerprints are required with the original application of an individual or co-partnership (all partners). If a corporate applicant, all officers of the corporation, all directors and all stockholders listed thereon must be fingerprinted. If a change of ownership from that listed on the application occurs at any time, the Commission must be notified in writing within fifteen days.
3. Within fifteen (15) days of the occurrence of any change in the facts stated in any application, the applicant shall report the same in a supplementary application to the Sanitation Commission. If additional vehicles are used in the licensed business, an additional fee shall be paid. All changes made on any permit or identification card shall be made only by the Sanitation Commission.
4. An identification card shall be carried on each vehicle used in the licensee's business and shall be exhibited on demand of property owner where collection is being made or to the Clarkstown Police.
5. Each applicant for a license shall agree, in writing, to indemnify and save harmless the Town of Clarkstown from any and all claims for bodily injury or property damage arising out of the

operation, ownership and maintenance of any property damage arising out of the operation, ownership and maintenance of any vehicle used by the applicant in the Town and provide the Sanitation Commission evidence in the form of a certificate of insurance, that a policy of liability insurance is in full force and effect with the limits of not less than a combined single limit of one million dollars (\$1,000,000.) for bodily injury and property damage, covering the applicant, all employees and agents and each and every vehicle engaged in the collection of acceptable solid waste which policy shall name the Town of Clarkstown as an Additional Insured. Each applicant shall also file with the Sanitation Commission evidence a certificate of insurance, that the statutory workers compensation and disability insurance has been obtained by the licensee for all employees engaged in the collection of solid waste in the Town of Clarkstown. The form of said certificates of insurance shall be as approved by the Town Attorney.

The Town will consider the following as having met the liability requirements:

- General Liability Coverage in Form Acord for a sum of \$1,000,000.00 Each Occurrence.
- Automobile Liability Coverage in Form Acord for a sum of \$1,000,000.00 Combined Single Limit.
- Umbrella or Excess Liability in Form Acord for a sum of \$2,000,000.00 Each Occurrence.

Town of Clarkstown, 10 Maple Avenue, New City, NY 10956 should be listed as Additional Insured. Cancellation notice should read 30 days.

The Town requires that NYS Disability be provided in form DB-120.1

Please forward the page on "Insurance Requirements for Carter License" to your insurance provider at the time of renewal.

- 6. The application fee for a permit to engage in the business described in the Local Law, paragraph 149-4 shall be \$500.00 plus \$100.00 for each vehicle used in such business. Fees shall be payable by check, drawn to the Town of Clarkstown.
- 7. Applicant is responsible for all stenographic and legal notice fees for Public Hearing that applicant must attend.

If you have any questions, please contact the Secretary to the Commission @ 845-639-2111.

CHECK LIST FOR NEW CARTERS

1. Please submit one original and nine additional copies of your application.
2. Make sure you provide legible photocopies of driver's licenses.
3. Enclose a check in favor of Town of Clarkstown for \$500. 00 towards application fee.
4. Enclose a check in favor of Town of Clarkstown for \$100.00 towards each truck fee.
5. Please read the Town Code, Chapter 149 carefully, by visiting our website at Town of Clarkstown.org. Scroll down to Town Services & Programs. Click on Town Code to access Chapter 149.
6. Please list only those vehicles that will be used in the Town of Clarkstown. Attach copies of registrations and Health department approvals for such vehicles.
7. Please make sure you attach your current insurance certificates for General, Auto, Workmen's Compensation and NYS Disability.
8. Please make sure all questions are answered with a 'YES' or a 'NO'. "NA" is not acceptable.
9. All applications must be duly notarized.

CHECK LIST FOR RENEWAL APPLICATIONS

- 1. Please submit one original and two copies of application.**
- 2. Renewal applications must be signed and notarized.**
- 3. Attach a check for \$100.00 towards renewal fee.**
- 4. Attach a check for \$100.00 for each truck.**
- 5. Insurance certificates must be current.**
- 6. Driver's licenses must be very clear and legible.**

RENEWAL APPLICATION DUE ON OR BEFORE NOVEMBER 01.