



TOWN OF CLARKSTOWN
CLARKSTOWN SANITATION COMMISSION

166 South Route 303
West Nyack, New York 10994
Phone: (845)358-0759
Fax: (845)358-4210

New Application:
Renewal Application:

ANNUAL LICENSE #:
DATE RECEIVED:

Garbage Pick Up:
Construction & Demolition:

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

State of New York)
County of Rockland) SS:

-----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 if _____ Corporation
Address _____ Individual
_____ Partnership
Phone # _____ Cell phone: _____ Fax #: _____
SS# or Emp. ID# _____ No. of Shareholders _____
Date started business _____ No. of Partners _____
Business address: _____
Garage address: _____

Applicant _____ Tax Id/SSN _____
Initials of Party Executing Application on behalf of Applicant _____

Check if business location is _____ owned by applicant or _____ rented. If rented, attach copy of lease.

Does any person or entity have an ownership interest in this business which is not disclosed in this application ____yes
____no. If yes, explain the circumstances.

Trade name or Assumed name, if any; _____

If a Corporation is seeking a license, attach 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 Collection of Solid Waste _____
Collection of Construction and demolition _____ (Please check one or both)

2. Please provide a brief note on your experience in the field of garbage pick up: (attach additional sheets as necessary)

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 _____ (to either) No _____. If Yes, please identify name, address, phone 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, phone the “broker or consultant.”

Applicant _____ Tax ID/SSN _____
Initials of Party Executing Application on behalf of Applicant _____

5. **FOR INDIVIDUAL APPLICATION:** (Corporate applicants complete No.8)

Current Residence Address: _____ Years at Address _____

Telephone number: () _____

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

Has applicant been previously licensed in Town of Clarkstown ? (all applicants) ___ Yes ___ No.
If yes, please indicate name on license, years licensed and reason for interruption, if any:

6. Does applicant hold any other license in any jurisdiction to haul refuse, garbage or solid waste or any other regulated commercial, industrial or residential disposable waste? _____ Yes _____ No. If yes, please provide the following information. Attach supplementary sheets, if necessary.

<u>JURISDICTION</u>	<u>ADDRESS</u>	<u>LIC. NO.</u>	<u>LIC. AGENCY & ADDRESS</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Has applicant's prior license or present license with the Town of Clarkstown or any license issued to any partner or stockholder owning at least a 20% interest in applicant ever been suspended or revoked?
_____ Yes _____ No. If yes, please provide details. Attach supplementary sheets if necessary.

Applicant _____ Tax Id/SSN _____
Initials of Party Executing Application on behalf of Applicant _____

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, social security number, 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.

Name	Office	Address	Telephone

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

	Percentage owned: _____%
	Percentage owned: _____%
	Percentage owned: _____%

11. PARTNERSHIP APPLICANTS:

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

	Percentage owned: _____%
	Percentage owned: _____%
	Percentage owned: _____%

Applicant _____ TaxID/SSN _____
Initials of Party Executing Application on behalf of Applicant _____

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 now 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
Attach supplementary sheets, if necessary.

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: _____
Will this number increase if licensed? _____ 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 question above, please provide name, address and social security or tax I.D. number for all such persons and explain nature of compensation contemplated. Attach supplementary sheets, if necessary:

Applicant _____ Tax ID/SSN _____
Initials of Party Executing Application on behalf of Applicant _____

16. Applicants are advised that employees who are authorized by licensee to operate motor vehicles must have and attach copies of a valid operator's license for the type of vehicle being operated. Listed below are current agents or employees of applicant who are authorized to operate vehicles owned or leased by licensee:

Name	SS#	License#	Expiration Date
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----

Before a Solid Waste license is issued/renewed, a copy of each employee's driver licensee 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.

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

- 17. a. ____ Photographs (passport type for new applicants only) for each individual applicant, partner, corporate officer and and shareholder owning 20% or more of issued stock of applicant.
- b. ____ 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).
- c. ____ List of equipment as indicated.
- d. ____ Hold Harmless Agreement.
- e. ____ Application fee for a sum of \$100.00 (if a renewal applicant) in favor of Town of Clarkstown.
- f. ____ Application fee for a sum of \$500.00 (if a new applicant) in favor of Town of Clarkstown.

18. Does applicant have a credit account for disposal of waste at the Clarkstown Solid Waste Facility?
 Yes _____. No _____.

Current balance owed to the Town: \$ _____.

Is account in good standing? Yes _____ No _____.

Set forth the average monthly amount of tipping fees billed to applicant for the prior 12 months or lesser period if account has not been established for one year or longer. Average monthly charges \$ _____.

Applicant _____ Tax IS/SSN _____
 Initials of Party Executing Application on behalf of Applicant _____

19. 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.

20. 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 arrest for any crime or other disciplinary action as a result of engaging in the solid waste business in any jurisdiction, such fact or circumstance shall be reported to the Sanitation Commission on a supplementary application within ten (10) days from the date of the occurrence.

21. 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 provision therein.

Signature of Person filing this application

PRINT NAME:

SS#:

Date of Birth:

Sworn to before me

this _____ day of _____, 200

Notary Public

TOWN OF CLARKSTOWN
New York
INSURANCE REQUIREMENTS FOR CARTER LICENSE

Coverage is required if Checked **Minimum Limits Required**

- (X) **Commercial General Liability**
Form CG 0001 or equivalent including Products Occurrence
Completed Operations, Independent Contractors, Personal & Advertising Injury
Occurrence Form
30 Day Cancellation Notice Provision (X) \$1,000,000 each
- (X) **Commercial Automobile Liability**
Business Automobile Policy or equivalent
Include Employees as Insured (X) \$1,000,000
Combined Single Limit
- (X) **Commercial Umbrella/Excess Liability** (X) \$2,000,000
Follow Form Umbrella/Excess on ALL Requested Coverage.
- (X) **Workers Compensation – Please provide a C-105.2 form**
NY Statutory Workers Compensation including Employer’s Liability. Please provide one of the following as evidence:

C-105.2 U26.3(State Ins. Fund) SI 12 GSI 105.2
- (X) **NY State Disability Benefits – Please provide a DB120.1 form**

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 Robert Berdy
Insurance and Claims Manager
Ph: 845-639-2048. Fax: 845-639-2148*

CHECK LIST
For Renewal Applications

- 1. ONLY TYPEWRITTEN APPLICATIONS WILL BE CONSIDERED. HANDWRITTEN APPLICATIONS WILL BE RETURNED TO THE APPLICANT.**
- 2. ALL APPLICATIONS MUST BE SUBMITTED IN TRIPLICATE.**
- 3. MAKE SURE YOU PROVIDE LEGIBLE PHOTOCOPIES OF DRIVERS LICENSES.**
- 4. MAKE SURE YOU ATTACH WITH YOUR APPLICATIONS, A LICENSE FEE OF \$100.00 AND A SEPARATE CHECK FOR TRUCK FEES AT \$50.00 PER TRUCK.**
- 5. PLEASE LIST ONLY THOSE VEHICLES THAT WILL BE USED IN THE TOWN OF CLARKSTOWN TO PICK UP SOLID WASTE. ATTACH COPIES OF REGISTRATIONS AND HEALTH DEPARTMENT APPROVALS FOR ALL VEHICLES.**
- 6. PLEASE MAKE SURE YOU ATTACH YOUR CURRENT INSURANCE CERTIFICATES FOR GENERAL, AUTO, WORKMENS COMPENSATION AND NYS DISABILITY.**
- 7. PLEASE MAKE SURE THAT ALL QUESTIONS ARE ANSWERED WITH A YES OR NO.**
- 8. ALL APPLICATIONS MUST BE DULY NOTARIZED.**

DEADLINE FOR RETURN OF ALL APPLICATIONS:
NOVEMBER 1ST