

TOWN OF LEWISBORO  
TOWN HOUSE  
11 MAIN STREET  
SOUTH SALEM, NEW YORK 10590

APPLICATION FOR LICENSE TO COLLECT AND DISPOSE OF  
REFUSE AND RECYCLABLES IN THE TOWN OF LEWISBORO

RESIDENTIAL \_\_\_\_\_  
COMMERCIAL \_\_\_\_\_

If applying for renewal, date current license  
expires \_\_\_\_\_

The Town will ensure that confidential proprietary documents submitted as part of this license application are maintained under seal and free from Freedom of Information disclosure. Applicant shall be responsible for designation of document to be so protected.

1. Name of Applicant \_\_\_\_\_  
Business Address \_\_\_\_\_  
Business Telephone and Fax Numbers \_\_\_\_\_  
Home and Emergency Telephone Numbers \_\_\_\_\_

2. VEHICLES

	<u>Make</u>	<u>Model</u>	<u>Body Type</u>	<u>License Number</u>	<u>NYS Inspection Number Exp. Date</u>
1.					
2.					
3.					
4.					
5.					
6.					

It is understood that all equipment is and shall maintained in good working condition.

3. FEES (Suggested: See note re Town Rate)

COMMERCIAL:

<u>Size of Container</u>	<u>Pickup Frequency</u>	<u>Suggested Rate (Per yard)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: The Town Rate will be set by the Town Board each December for the following year.  
Actual rate charged may not exceed Town Rate.

RESIDENTIAL:

- A. Curbside \_\_\_\_\_
- B. Driveway less than 125 feet \_\_\_\_\_
- C. Driveway more than 125 feet \_\_\_\_\_

4. METHOD OF BILLING

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5. AREAS TO BE SERVICED, IF NOT ENTIRE TOWN OF LEWISBORO

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6. LOCATION OF TRANSFER SITES

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7. PLACE OF DISPOSITION OF REFUSE

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8. WESTCHESTER COUNTY DEPARTMENT OF HEALTH PERMIT NO. \_\_\_\_\_

9. INSURANCE INFORMATION

<u>Name of Agent</u>	<u>Insurance Co.</u>	<u>Policy No.</u>	<u>Policy Period</u>
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(Attach copy of Insurance certificate evidencing coverage amounts and naming Town as additional insured. New Certificate to be mailed automatically to Town upon renewal of change in and of the above information. Be sure to include Workmen's compensation and disability insurance coverage)

10. DETAILED DESCRIPTION OF APPLICANT'S EMPLOYMENT COMPLEMENT, INCLUDING JOB CLASSIFICATIONS

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11. SET FORTH ACTUAL OR BENEFICIAL OWNERS OF THE BUSINESS, OR IF CORPORATION, THE STOCKHOLDERS, DIRECTORS AND OFFICERS OF THE CORPORATION, AND ALL RELATED BUSINESSES.

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12. NUMBER OF CUSTOMERS

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IF INITIAL LICENSE, NAMES AND ADDRESSES OF A MINIMUM OF FIVE COMMERCIAL ACCOUNTS.

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13. CONTINGENCY PLANS (Set forth in details plans for providing service in the event of equipment failure, labor disputes or disposal difficulties or other factors which would affect service)

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\_\_\_\_\_ being duly sworn, does hereby depose and say that all the statements herein contained are true and correct, that I have received a copy of, have read and understand, and will comply with all of the provisions of the applicable Refuse Collection Law of the Town of Lewisboro, and that all personnel have been instructed to comply with the

