Print Form

Town Of North Hempstead

Leslie C. Gross
Town Clerk

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Telephone

Office of the Town Clerk
200 Plandome Road Manhasset, NY 11030

CHAPTER 46
APPLICATION – SOLID WASTE PERMIT

TYPE CLASS: TYPE I ☐ TYPE IR ☐ TYPE II ☐ TYPE III ☐ TYPE IV ☐

APPLICATION FOR: NEW ☐ RENEWAL ☐ SUBSTITUTION ☐

CORPORATE OR TRADE NAME	INDIVIDUAL		PARTNER		CORP	
ADDRESS	TELEPHONE NO.					
NAME OF APPLIACANT	POSITION					

LIST NAMES, ADDRESSES AND SOCIAL SECURITY NUMBERS OF ALL OFFICERS, PARTNERS

PRESIDENT, INDIVIDUAL OR PARTNER	NAME IN FULL	SOCIAL SECURITY NUMBER
	ADDRESS	
V.P. OR PARTNER	NAME IN FULL	SOCIAL SECURITY NUMBER
	ADDRESS	
SECRETARY OR TREASURER	NAME IN FULL	SOCIAL SECURITY NUMBER
	ADDRESS	

HAVE ANY OF THE OFFICERS LISTED ABOVE OR SHAREHOLDERS BEEN CONVICTED OF A FELONY OR MISDEMEANOR?	YES	NO	IF YES, WHAT CRIME?	WHEN?	PENALTY ASSESSED

DATE	VIOLATION	NAME & LOCATION OF COURT	PENALTY IMPOSED

LIST BELOW ALL MUNICIPALITIES YOU CURRENTLY HOLD LICENSES WITH FOR THE CONDUCT OF YOUR BUSINESS

MUNICIPALITY	LICENSE NUMBER
MUNICIPALITY	LICENSE NUMBER
MUNICIPALITY	LICENSE NUMBER
MUNICIPALITY	LICENSE NUMBER
MUNICIPALITY	LICENSE NUMBER

LIST ALL COMPANIES THAT YOU PRESENTLY OR HAVE BEEN PAST AFFILIATED		
1	COMPANY NAME	TELEPHONE NUMBER
	ADDRESS	
2	NAME IN FULL	TELEPHONE NUMBER
	ADDRESS	
3	NAME IN FULL	TELEPHONE NUMBER
	ADDRESS	

BOND REQUIREMENT

SURETY COMPANY:

ADDRESS:

TELEPHONE NO. ( )

NAME: PRODUCER/BROKER

ADDRESS:

TELEPHONE NO. ( )

NOTE: SURETY COMPANY MUST BE AN ADMITTED CARRIER IN THE STATE OF NEW YORK AND MUST HAVE A BEST'S RATING OF B-, OR BETTER, OR A BEST'S FPR RATING OF 4 OR BETTER.
APPLICATIONS WILL NOT BE ACCEPTED WITHOUT THE ABOVE INFORMATION.

ADDITIONAL SPACE RECORD OF CONVICTIONS

DATE	VIOLATION	NAME & LOCATION OF COURT	PENALTY IMPOSED

PERMIT FEE REQUEST		TYPE I	TYPE IR	TYPE II	TYPE III	TYPE IV
OWNER & 1st VEHICLE	@	600.00	300.00	135.00	125.00	NO FEE
ADDITIONAL VEHICLE	@	250.00	100.00	50.00	100.00	--
BOX OR CONTAINERS	@	35.00	35.00	35.00	35.00	--
SUBSTITUTION VEHICLE	@	25.00	25.00	25.00	25.00	--
TOTAL						

Signature
of Applicant: _____ Title: _____ Date: _____

STATE OF NEW YORK; COUNTY OF } SS:

_____ Being duly sworn deposes and says that I am the applicant for the within permit; I agree to abide by all the provisions of Chapter 46 of the Code of the Town of North Hempstead and to deliver all acceptable waste collected within the Town to the Town's Solid Waste Facility and I am aware a false statement in this application is a basis for revocation of this license pursuant to § 46-5 (C) (3) of the Code; that I have read the application and know the contents thereof; and that the same is true to my own knowledge.

_____
NOTARY PUBLIC

Sworn before me this _____ Day of _____ 20 ___

PLEASE AFFIX SEAL