

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

THIS IS AN APPLICATION FOR LICENSE TO COLLECT AND DISPOSE OF REFUSE AND RECYCLABLES IN THE TOWN OF LEWISBORO.

RESIDENTIAL \_\_\_\_\_

COMMERCIAL \_\_\_\_\_

If applying for renewal, date the 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 & Fax Numbers \_\_\_\_\_  
Home & Emergency Telephone Numbers \_\_\_\_\_

2. VEHICLES

<u>Make</u>	<u>Model</u>	<u>Body Type</u>	<u>License Number</u>
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It is understood that all equipment is and shall be 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.

RESIDENTAIL:

A. Curbside \_\_\_\_\_

B. Driveway less than 125 feet \_\_\_\_\_

C. Driveway more than 125 feet \_\_\_\_\_

4. METHOD OF BILLING

Monthly or by contract agreement

\_\_\_\_\_

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

\_\_\_\_\_

6. LOCATION OF TRANSFER SITES

\_\_\_\_\_

7. PLACE OF DISPOSITION OF REFUSE

\_\_\_\_\_

\_\_\_\_\_

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

9. INSURANCE INFORMATION

<u>Name of Agent</u>	<u>Insurance Company</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 COMPLIMENT, 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 detail plans for providing service in the event of equipment failure, labor disputes of disposal difficulties or other factors which would affect service).

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14. PLEASE MAKE SURE TO SEND THE TONAGE REPORT (TOTAL GARBAGE AND TOTAL RECYCLABLES) TO THE TOWN IN JANUARY OF EACH YEAR. IT CAN BE EMAILED TO [townclerk@lewisborogov.com](mailto:townclerk@lewisborogov.com).



