

TOWN OF RAMAPO  
RAMAPO TOWN HALL  
237 ROUTE 59  
SUFFERN, NEW YORK 10901  
845-357-5100

DIRECTOR OF PUBLIC WORKS

REFUSE LICENSE APPLICATION

TO: DIRECTOR OF PUBLIC WORKS  
TOWN OF RAMAPO

THE UNDERSIGNED HEREBY APPLIES FOR REFUSE REMOVAL LICENSE, PURSUANT TO THE APPLICABLE PROVISIONS OF THE TOWN CODE OF THE TOWN OF RAMAPO, AND FOR THIS PURPOSE, SUBMITS THE FOLLOWING STATEMENTS AND ANSWERS, SWORN TO UNDER OATH.

1. NAME OF APPLICANT: \_\_\_\_\_

2. INDICATE BY CHECKING THE APPROPRIATE BOX AS TO THE STATUS OF APPLICANT:

INDIVIDUAL OPERATING UNDER OWN NAME ( )

INDIVIDUAL OPERATING UNDER ASSUMED  
BUSINESS OR TRADE NAME ( )

PARTNERSHIP ( )

CORPORATION ( )

STATE OF INCORPORATION \_\_\_\_\_

DATE OF INCORPORATION \_\_\_\_\_

CERTIFICATE DOING BUSINESS FILED AT  
\_\_\_\_\_

DATE FILED \_\_\_\_\_

# OF SHAREHOLDERS \_\_\_\_\_ # OF PARTNERS \_\_\_\_\_

[IF APPLICANT IS OPERATING UNDER AN ASSUMED NAME, OR IS A PARTNERSHIP, ATTACH TO APPLICATION A COPY OF CERTIFICATE FILED IN COUNTY CLERK'S OFFICE. IF APPLICANT IS A CORPORATION, SUBMIT CERTIFIED COPY OF CERTIFICATE OF INCORPORATION DATED NO EARLIER THAN THIRTY DAYS FROM DATE OF APPLICATION. (OUT OF STATE CORPORATIONS MUST ALSO SUBMIT COPY OF AUTHORITY TO DO BUSINESS IN New York STATE.)]

3. ADDRESS AND PHONE NUMBER OF APPLICANT:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

GARAGE ADDRESS \_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

EMERGENCY PHONE NUMBER \_\_\_\_\_

FAX NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_

PLEASE CHECK IF BUSINESS LOCATION IS OWNED BY APPLICANT: \_\_\_\_\_ OR RENTED \_\_\_\_\_. IF RENTED, ATTACH A COPY OF LEASE AGREEMENT.

4. NAMES, ADDRESSES AND TITLES OF PRINCIPALS OF APPLICANT:

[INDICATE ALL NAMES INCLUDING ALIASES AND NICKNAMES BY WHICH A PARTY MAY HAVE BEEN KNOWN.]

[IF APPLICANT IS A PARTNERSHIP, LIST DETAILS AS TO ALL PARTNERS; IF APPLICANT IS A CORPORATION, LIST DETAILS AS TO ALL CORPORATE OFFICERS AND ADD SHAREHOLDERS.]

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

RESIDENCE ADDRESS:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

RESIDENCE ADDRESS:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

RESIDENCE ADDRESS:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

RESIDENCE ADDRESS:

\_\_\_\_\_  
Street

City

State

Zip

[IF THE SPACE PROVIDED IN THIS APPLICATION FORM IS INSUFFICIENT TO GIVE ALL THE REQUIRED INFORMATION IN ORDER TO FULLY ANSWER ANY QUESTIONS, A SUPPLEMENTAL SHEET SHOULD BE ATTACHED TO THIS LICENSE APPLICATION FORM WHEREIN SUCH INFORMATION MUST BE PROVIDED.]

5. IN ADDITION TO THE COMPLETED APPLICATION FORM, THE APPLICANT MUST PROVIDE THE TOWN WITH PROOF OF NECESSARY INSURANCE COVERAGE AS SET FORTH IN THE ATTACHED "INSURANCE COVERAGE."

[INSURANCE CERTIFICATES MUST BE SUBMITTED WITH THE APPLICATION. IF APPLICANT IS UNDER CONTRACT WITH THE TOWN OF RAMAPO FOR REFUSE COLLECTION, THE CERTIFICATE MUST INDICATE THEREON THAT TOWN OF RAMAPO IS A "NAMED INSURED." IT SHOULD BE UNDERSTOOD THAT IF THIS IS NOT COMPLIED WITH, THE APPLICATION CANNOT BE PROCESSED.]

6. PLEASE PROVIDE A BRIEF NOTE ON APPLICANT'S EXPERIENCE IN THE FIELD OF REFUSE COLLECTION AND HOW LONG HAS THE APPLICANT BEEN ENGAGED IN THE REFUSE REMOVAL BUSINESS AND THE TYPES OF BUSINESSES SERVICED BY THE APPLICANT OVER THE PAST FIVE YEARS?

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7. LIST ALL MUNICIPALITIES IN WHICH APPLICANT HAS BEEN LICENSED FOR REFUSE REMOVAL DURING THE PAST FIVE YEARS.

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8. LIST ALL MUNICIPALITIES IN WHICH APPLICANT OR ANY OF ITS PRINCIPALS, OFFICERS, DIRECTORS, SHAREHOLDERS OR AFFILIATE(S) WAS DENIED A LICENSE FOR REFUSE REMOVAL OR DENIED A RENEWAL LICENSE FOR REFUSE REMOVAL DURING THE PAST TEN YEARS.

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[IF EXPLANATION FOR DENIAL WERE PROVIDED TO APPLICANT SUPPLY EXPLANATION IN A SUPPLEMENTAL SHEET TO BE ATTACHED TO THIS APPLICATION]

9. HAS ANY REFUSE LICENSE HELD BY APPLICANT OR ANY OF ITS PRINCIPALS, OFFICERS, DIRECTORS, SHAREHOLDERS OR AFFILIATE(S) IN ANY OTHER JURISIDCTION EVER BEEN SUSPENDED OR REVOKED? YES \_\_\_\_\_ NO \_\_\_\_\_. IF YES, IDENTIFY THE JURISDICTION AND FULLY STATE THE CIRCUMSTANCES AND PRESENT STATUS OF LICENSE. ATTACH SUPPLEMENTAL SHEETS, IF NECESSARY. ALSO ATTACH A COPY OF DETERMINATION, DECISION OR SETTLEMENT.

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10. DESCRIBE THE SCOPE OF OPERATION IN THE TOWN OF RAMAPO INTENDED BY APPLICANT:

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11. HOW MANY PEOPLE ARE EMPLOYED BY APPLICANT?

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12. VEHICLES OWNED BY APPLICANT:

[LIST BELOW ALL VEHICLES OWNED BY APPLICANT. SAID LISTING SHALL INCLUDE MAKE AND YEAR OF VEHICLE TYPE, VEHICLE IDENTIFICATION NUMBER, LICENSE PLATE NUMBER AND STATE OF REGISTRATION THAT WILL BE OPERATED IN THE TOWN.]

MAKE & YEAR OF VEHICLE	TYPE	VEHICLE ID #	LICENSE PLATE NUMBER	STATE OF REGISTRATION

[ADDITIONAL ON SEPARATE SHEET]

13. HAVE YOU BEEN ENGAGED IN A REFUSE REMOVAL BUSINESS IN THE TOWN OF RAMAPO DURING THE PAST CALENDAR YEAR?

YES ( )

NO ( )

IF YES, PROVIDE A LIST OF ALL CUSTOMERS SERVICED IN THE TOWN DURING SAID PERIOD.

CUSTOMERS:

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14. DURING THE PAST FIVE YEARS HAS THE APPLICANT, OR ANY OF ITS PRINCIPALS EVER HAD, OR PRESENTLY HAVE, AN OWNERSHIP INTEREST OR FINANCIAL INTEREST IN ANY OTHER REFUSE COLLECTION FIRM:

YES ( )

NO ( )

IF YES, GIVE DETAILS ON A SEPARATE SHEET.

15. HAS THE APPLICANT, OR ANY OF ITS PRINCIPALS, OFFICERS, DIRECTORS, SHAREHOLDERS OR AFFILIATE(S), BEEN CONVICTED OF A CRIME, OR CURRENTLY HAVE PENDING AGAINST HIM/HER CRIMINAL CHARGES?



SOLID WASTE BUSINESS IN ANY JURISDICTION, SUCH FACT OR CIRCUMSTANCE SHALL BE REPORTED TO THE DIRECTOR OF PUBLIC WORKS OR THEIR DULY AUTHORIZED REPRESENTATIVE WITHIN TEN (10) DAYS FROM THE DATE OF OCCURRENCE.

- 19. THE UNDERSIGNED INDIVIDUAL, AGENT OF CORPORATE APPLICANT OR PARTNERSHIP APPLICANT IS AWARE OF CHAPTER 235 OF THE TOWN OF RAMAPO CODE AS IT RELATES TO THE SOLID WASTE MANAGEMENT BUSINESS IN THE TOWN OF RAMAPO AND THE APPLICANT AGREES TO COMPLY WITH ALL THE PROVISIONS THEREIN.
- 20. THE UNDERSIGNED INDIVIDUAL OR AGENT OF CORPORATE APPLICANT OR PARTNERSHIP APPLICANT ACKNOWLEDGED THAT HE/SHE WILL BEAR IN FULL, ANY COST INCURRED BY THE TOWN OF RAMAPO FOR THE STENOGRAPHIC SERVICES PROVIDED AND REQUIRED AT ANY HEARING INVOLVING THIS APPLICATION, ANY SUPPLEMENT, VIOLATION AND/OR RENEWAL.
- 21. THE UNDERSIGNED ACKNOWLEDGES THERE IS AN APPLICATION FEE OF \$150.00 AND A TRUCK FEE OF \$100.00 FOR EACH TRUCK WHICH MUST ACCOMPANY THIS APPLICATION TO BE CONSIDERED COMPLETE FOR REVIEW.

**SIGNATURE AND VERIFICATION**

[NO APPLICATION WILL BE PROCESSED UNLESS THE APPLICANT SIGNS THE APPLICATION FORMS AND VERIFIES UNDER OATH BEFORE A NOTARY PUBLIC AS TO THE TRUTH OF THE STATEMENTS CONTAINED THEREIN. IN THE CASE OF A PARTNERSHIP, ALL PARTNERS MUST SIGN AND IN THE CASE OF A CORPORATE APPLICANT, WE REQUIRE VERIFIED SIGNATURES OF ALL OFFICERS AND SHAREHOLDERS LISTED IN ITEM NO.4 OF THIS APPLICATION.]

[IT SHOULD BE UNDERSTOOD BY ALL THOSE SIGNING THIS APPLICATION FORM THAT IN ORDER TO VERIFY INFORMATION SUPPLIED THEREIN, IT MAY BE NECESSARY FOR THE DIRECTOR OF PUBLIC WORKS OR THEIR DULY AUTHORIZED REPRESENTATIVE TO SEARCH RECORDS ON FILE WITH FEDERAL, STATE AND LOCAL LAW ENFORCEMENT AGENCIES. IN ADDITION, IN SOME CASES IT MAY BE NECESSARY FOR A SIGNATORY TO BE SUBJECTED TO FINGERPRINTING AND A FINGERPRINTING SEARCH. THE SIGNATORIES BY THEIR SIGNING OF THIS APPLICATION DO HEREBY AUTHORIZE SUCH A SEARCH OF SAID LAW ENFORCEMENT AGENCY RECORDS TO BE MADE.]

**INDIVIDUAL VERIFICATION**

STATE OF NEW YORK

SS:

COUNTY OF

I, \_\_\_\_\_, RESIDING AT \_\_\_\_\_, BEING DULY SWORN, DEPOSE AND SAY: I HAVE READ THE FOREGOING APPLICATION, AND KNOW THE CONTENTS THEREOF: THAT THE SAME IS TRUE TO THE KNOWLEDGE OF APPLICANT, EXCEPT AS TO THE MATTERS STATED TO BE SET FORTH ON INFORMATION AND BELIEF, AND AS TO THOSE MATTERS, I BELIEVE IT TO BE TRUE.

SIGNED \_\_\_\_\_

SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY

**INDIVIDUAL VERIFICATION**

STATE OF NEW YORK

SS:

COUNTY OF

I, \_\_\_\_\_, RESIDING AT  
\_\_\_\_\_, BEING DULY SWORN,  
DEPOSE AND SAY: I HAVE READ THE FOREGOING APPLICATION, AND KNOW  
THE CONTENTS THEREOF: THAT THE SAME IS TRUE TO THE KNOWLEDGE OF  
APPLICANT, EXCEPT AS TO THE MATTERS STATED TO BE SET FORTH ON  
INFORMATION AND BELIEF, AND AS TO THOSE MATTERS, I BELIEVE IT TO  
BE TRUE.

SIGNED \_\_\_\_\_

SWORN TO BEFORE ME THIS  
DAY OF \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY

**INDIVIDUAL VERIFICATION**

STATE OF NEW YORK

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COUNTY OF

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SIGNED \_\_\_\_\_

SWORN TO BEFORE ME THIS  
DAY OF \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY

**INDIVIDUAL VERIFICATION**

STATE OF NEW YORK

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COUNTY OF

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SIGNED \_\_\_\_\_

SWORN TO BEFORE ME THIS  
DAY OF \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY

**CORPORATE VERIFICATION**

STATE OF NEW YORK

SS:

COUNTY OF

I, \_\_\_\_\_, RESIDING AT \_\_\_\_\_, BEING DULY SWORN, DEPOSE AND SAY: THAT I AM THE \_\_\_\_\_ OF THE AFORESAID APPLICANT CORPORATION: THAT THE FOREGOING APPLICATION IS TRUE TO APPLICANT'S KNOWLEDGE, EXCEPT AS TO MATTERS WHICH ARE STATED UPON INFORMATION AND BELIEF, AND THAT AS TO THOSE MATTERS APPLICANT BELIEVES IT TO BE TRUE.

SIGNED \_\_\_\_\_

SWORN TO BEFORE ME THIS  
DAY OF \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY

**CORPORATE VERIFICATION**

STATE OF NEW YORK

SS:

COUNTY OF

I, \_\_\_\_\_, RESIDING AT \_\_\_\_\_, BEING DULY SWORN, DEPOSE AND SAY: THAT I AM THE \_\_\_\_\_ OF THE AFORESAID APPLICANT CORPORATION: THAT THE FOREGOING APPLICATION IS TRUE TO APPLICANT'S KNOWLEDGE, EXCEPT AS TO MATTERS WHICH ARE STATED UPON INFORMATION AND BELIEF, AND THAT AS TO THOSE MATTERS APPLICANT BELIEVES IT TO BE TRUE.

SIGNED \_\_\_\_\_

SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY

**CORPORATE VERIFICATION**

STATE OF NEW YORK

SS:

COUNTY OF

I, \_\_\_\_\_, RESIDING AT \_\_\_\_\_, BEING DULY SWORN, DEPOSE AND SAY: THAT I AM THE \_\_\_\_\_ OF THE AFORESAID APPLICANT CORPORATION: THAT THE FOREGOING APPLICATION IS TRUE TO APPLICANT'S KNOWLEDGE, EXCEPT AS TO MATTERS WHICH ARE STATED UPON INFORMATION AND BELIEF, AND THAT AS TO THOSE MATTERS APPLICANT BELIEVES IT TO BE TRUE.

SIGNED \_\_\_\_\_

SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY

**INSURANCE COVERAGE**

AS A CONTRACTOR PROVIDING REFUSE COLLECTION WITHIN THE TOWN OF RAMAPO, THE APPLICANT SHALL PROVIDE THE TOWN OF RAMAPO WITH THE CERTIFICATES OF INSURANCE WITH THE MINIMUM REQUIREMENTS OUTLINED BELOW **PRIOR TO THE COMMENCEMENT OF ANY WORK**

**COMMERCIAL GENERAL LIABILITY (OCCURANCE 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)	\$1,000,000
Medical Exp. (Any one person)	\$1,000,000

- The Town of Ramapo, 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.
- Waiver of Subrogation in favor of the Town of Ramapo, 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

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 place with an insurance company with an A.M. Best rating of A-:VII or better.**

**ALL INSURANCE CERTIFICATES MUST CLEARLY INDICATE THAT THE TOWN WOULD BE GIVEN WRITTEN NOTICE OF AT LEAST 30 DAYS PRIOR TO CANCELLATION. NO DEDUCTIBLES ARE ALLOWED FOR ANY OF THE COVERAGES. AUTOMOBILE LIABILITY INSURANCE CERTIFICATES MUST CLEARLY INDICATE THAT THE VEHICLES FOR WHICH LICENSES ARE**

REQUIRED, ARE IN FACT COVERED BY SAID INSURANCE POLICY AND, THEREFORE, WE REQUIRE SAID CERTIFICATES TO INDICATE THE YEAR, TYPE AND VEHICLE IDENTIFICATION NUMBER OF THE VEHICLES COVERED BY THE AUTOMOBILE LIABILITY POLICY.

TOWN OF RAMAPO HOLD HARMLESS AGREEMENT

The Applicant and all its employees and agents agrees to protect, defend, Indemnify and hold the Town of Ramapo, 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 directly or indirectly out of this agreement and/or the performance thereof. Without 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 Ramapo.

The Applicant agrees to name the Town of Ramapo as Additional Insured on its liability insurance policies by way of police endorsements and provide the Town with Certificates of Insurance as may be required or evidence of insurance as may be required by the Town. With respect to the insurance for which the Town of Ramapo is designated as a Named Insured, this insurance will be primary to the Town of Ramapo.

\_\_\_\_\_  
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 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