

TOWN OF RAMAPO  
TOWN CLERK'S OFFICE  
237 RT. 59  
SUFFERN NY 10901  
(845) 357-5100  
Fax: (845) 357-8513



**TO: ALL REFUSE COLLECTORS**

**FROM: SHARON M. OSHEROVITZ, TOWN CLERK**

**RE: 2025 REFUSE LICENSE APPLICATION**

ENCLOSED IS THE TOWN OF RAMAPO REFUSE APPLICATION FOR 2025. PLEASE READ THE INSTRUCTIONS CAREFULLY AND SUBMIT ALL NECESSARY DOCUMENTS, INSURANCE CERTIFICATES, AND FEES TOGETHER TO THE TOWN CLERK'S OFFICE FOR PROCESSING.

**ATTENTION:**

**PLEASE NOTE CHANGE OF FEES FOR 2025 REFUSE LICENSE APPLICATIONS**

**COMPANY REFUSE LICENSE APPLICATION: \$200.00**

**TRUCK PERMIT FEE REMAINS AT \$100.00 PER VEHICLE**

PLEASE NOTE

FEES FOR TRUCKS APPLY TO VEHICLES OPERATING IN UNINCORPORATED RAMAPO BEGINNING WITH THE 2025 LICENSE YEAR.



**DIRECTOR OF PUBLIC WORKS  
REFUSE LICENSE APPLICATION**

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: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

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: \_\_\_\_\_

[IF APPLICANT IS OPERATING UNDER AN ASSUMED NAME, OR IS A PARTNERSHIP, ATTACH A COPY OF CERTIFICATE FILED IN COUNTY CLERK'S OFFICE. IF APPLICANT IS A CORPORATION, SUBMIT CERTIFIED COPY OF CERTIFICATE OF INCORPORATION. (OUT OF STATE CORPORATIONS MUST ALSO SUBMIT COPY OF AUTHORITY TO DO BUSINESS IN NEW YORK STATE.)]

3. APPLICANT ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_



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



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

INDICATE ALL NAMES INCLUDING ALIAS AND NICKNAMES BY WHICH A PARTY MAY HAVE BEEN KNOWN.

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

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

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

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

RESIDENCE ADDRESS: \_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_ CITY STATE ZIP

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

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

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

RESIDENCE ADDRESS: \_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_ CITY STATE ZIP

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

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

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

RESIDENCE ADDRESS: \_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_ CITY STATE ZIP

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

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

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

RESIDENCE ADDRESS: \_\_\_\_\_

STREET ADDRESS

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 AS "ADDITIONAL INSURED AND PRIMARY TO THE TOWN". IT SHOULD BE UNDERSTOOD THAT IF THIS IS NOT COMPLIED WITH, THE APPLICATION CANNOT BE PROCESSED.

6. HOW LONG HAS THE APPLICANT BEEN ENGAGED IN THE REFUSE REMOVAL BUSINESS?

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. HAS ANY REFUSE REMOVAL LICENSE ISSUED TO THE APPLICANT OR TO FIRMS WITH WHICH ANY OF THE PRINCIPALS OF APPLICANT HAD BEEN ASSOCIATED IN OWNERSHIP OR MANAGERIAL CAPACITY, EVER BEEN SUSPENDED OR REVOKED?

YES

NO

IF YES, SUPPLY DETAILED EXPLANATION AS TO SUCH ACTION IN A SUPPLEMENTARY SHEET TO BE ATTACHED TO THIS APPLICATION FORM.



9. HOW MANY PEOPLE ARE EMPLOYED BY APPLICANT?

\_\_\_\_\_

10. 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

| MAKE & YEAR OF VEHICLE | TYPE | VEHICLE ID # | LIC. PLATE # | STATE OF REGISTRATION |
|------------------------|------|--------------|--------------|-----------------------|
|                        |      |              |              |                       |
|                        |      |              |              |                       |
|                        |      |              |              |                       |
|                        |      |              |              |                       |

ADDITIONAL ON SEPARATE SHEET

11. 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



12. VEHICLE FOR WHICH LICENSES ARE TO BE REQUESTED. SUPPLY THE FOLLOWING INFORMATION WITH RESPECT TO ALL VEHICLES FOR WHICH THIS APPLICANT DESIRES LICENSES TO BE ISSUED:

| MAKE & YEAR OF VEHICLE | TYPE | VEHICLE ID # | LIC. PLATE # | STATE OF REGISTRATION |
|------------------------|------|--------------|--------------|-----------------------|
|                        |      |              |              |                       |
|                        |      |              |              |                       |
|                        |      |              |              |                       |
|                        |      |              |              |                       |

ADDITIONAL ON SEPARATE SHEET

TRUCK PERMIT FEE: \$ 100.00

13. 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.

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

YES

NO

IF THE ANSWER IS YES, GIVE DETAILED EXPLANATION BELOW INDICATING NATURE OF CRIME, COURT IN WHICH MATTER WAS DISPOSED OF, OR CURRENTLY PENDING AND ALSO ANY SENTENCE IMPOSED FOR CONVICTIONS.

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15. DOES THE APPLICANT HAVE ANY OUTSTANDING FINES AND/OR PENALTIES DUE THE TOWN OF RAMAPO?

YES

NO

IF YES – AMOUNT \$ \_\_\_\_\_



**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





**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 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



**REFUSE APPLICATION CHECK LIST**

PLEASE ENSURE YOUR APPLICATION CONTAINS THE FOLLOWING DOCUMENTS PRIOR TO SUBMITTING TO THE TOWN CLERK'S OFFICE

- COPY OF CERTIFICATE OF INCORPORATION OR DBA CERTIFICATE
- \$10,000.00 SURETY BOND OR CONTINUATION CERTIFICATE (WITH ATTORNEY, PROVIDE COPY OF POWER OF ATTORNEY DOCUMENT. ALSO INCLUDE PROFIT & LOSS STATEMENT OF BONDING CO.
- INSURANCE CERTIFICATE RUNNING CALENDAR YEAR WITH VIN NUMBERS OF VEHICLES ON CERTIFICATE, 30 DAY CANCELLATION CLAUSE AND **TOWN OF RAMAPO NAMED AS "ADDITIONAL INSURED AND PRIMARY TO THE TOWN"**

**INSURANCE CERTIFICATES MUST BE ORIGINALS. NO COPIES OR FAXES WILL BE ACCEPTED.**

- LICENSE FEE OF \$200.00 PLUS \$100.00 FOR EACH VEHICLE
- VALID INSURANCE & REGISTRATION FOR EACH VEHICLE
- COPY OF VEHICLE OPERATOR(S) DRIVERS LICENSE(S)
- CUSTOMER LIST
- REQUIRED SIGNATURES- INDIVIDUAL OR CORPORATE VERIFICATION AND HOLD HARMLESS.