November 2017

To: All Applicants For Town Of Greenburgh Sanitation Vehicle Licenses

Enclosed is your application and additional forms for sanitation vehicle license(s) for 2018. Please return the completed application before December 31, 2017, with all signatures notarized, complete individual vehicle information and correct non-refundable fee ($125 each vehicle), list of customers with their addresses and Certificate of Insurance information, to the Town Clerk's Office. All required items must be received with the completed application.

Please note the following fingerprint requirements:

1. All managers, corporate officers, and administrative personnel responsible for supervising and administering local collection within the Town must be fingerprinted. Then, each applicant must have fingerprints taken, please contact L 1 Enrollment at 1-877-472-6915 to make an appointment. The applicant must present the receipt from the Town Clerk's Office when he/she goes for fingerprinting. The following non-refundable fees must be paid at that time: a money order/check for $85.75 in favor of L 1 Enrollment to the Fingerprinting Department. The ORI # for Town of Greenburgh is NY0595300.

Each vehicle to be licensed must be inspected at the Greenburgh Central Garage, 100 Old Sprain Road, Ardsley, NY or other designated location at a time agreed to between the Department of Public Works and the owner, no later than 14 days after the date the application is submitted. Please call 693-9583 for an appointment.

Please be advised that the deadline for fingerprints is within fourteen days of the application filing. Failure to be fingerprinted in a timely manner may cause your 2018 license to be denied. Anyone who does not comply with the Town Code, Chapter §410-6 Licensing of private collection vehicles is in violation and subject to be penalized per the Town Code, Chapter §410-9 Enforcement; penalties for offenses.

All current licenses expire on December 31, 2017.

If you have any questions, call my office at 989-1500 option 5.

Sincerely,

Judith A. Beville
Town Clerk

JAB: cp
Non-refundable Application fee is $125.00 per vehicle. False replies to any of the questions herein, under the law, constitutes perjury; detection of such falsity will result in refusal of license, or, if granted, in revocation of same. Please print and complete all the information necessary, as per the Sanitation Law, Chapter 43 of the code of the Town of Greenburgh.

**PERSONAL INFORMATION**

Full Name: ____________________________________________

(Last) (First) (Middle)

Home Address: ____________________________________________

(Street Address) (City) (State) (Zip)

(P.O. Box Address, if applicable) (City) (State) (Zip)

Telephone Number: ________________________________

(Area Code + Number)

Cell Number: ________________________________

(Area Code + Number)

Date of Birth: ____________________

Social Security #: ____________________

e-mail ____________________

**OTHER ADDRESSES IN THE LAST FIVE (5) YEARS:**

(Street Address) (City) (State) (Zip)

(P.O. Box Address, if applicable) (City) (State) (Zip)

**FOR COMPANY OWNED VEHICLES**

(Name of partnership, firm or corporation)

(Street Address) (City) (State) (Zip)

(Mailing Address, if different) e-mail address

Date Incorporated ____________ State of Incorporation ____________ Telephone # ____________________

Please note: All managers, corporate officers and administrative personnel responsible for supervising and administering local collection must be fingerprinted at the locations mentioned on the attached Notice. Non-refundable Fee is $ 85.75 (money order/check) in favor of L 1 Enrollment services for Fingerprinting.
Has the applicant, any current owner, partner, manager, corporate officer or member of the Board of Directors ever been convicted of any crime other than a traffic violation?
No    Yes    If yes, state facts below; if necessary, attach additional sheets of paper.

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Date</th>
<th>Jurisdiction</th>
<th>Conviction</th>
<th>Sentence Imposed</th>
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Has any manager, corporate officer or administrative personnel responsible for supervising and administering local collection within the town ever been affiliated in any way with any other refuse, waste or rubbish collection firm?
No    Yes    If yes, state facts below; if necessary, attach additional sheets of paper.

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>With whom was he/she affiliated</th>
<th>How was he/she affiliated</th>
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Has any manager, corporate officer or administrative personnel responsible for supervising and administering local collection within the town ever been denied a license for the purpose of refuse, waste or rubbish collection?
No    Yes    If yes, state facts below; if necessary, attach additional sheets of paper.

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Dates</th>
<th>Jurisdictions</th>
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Revised 2/26/15
TOWN OF GREENBURGH
APPLICATION FOR SANITATION VEHICLE LICENSE

BUSINESS INFORMATION

Location of garage or lot where vehicle is normally stored:

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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</thead>
</table>

Disposal site(s) used or planned:

<table>
<thead>
<tr>
<th>Name of location, if applicable</th>
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<tbody>
<tr>
<td>Street Address</td>
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</table>

Days of operation: ________________________ Hours of operation for vehicle(s): ________________________

Route(s) of operation within the Town: ____________________________________________________________

Insurance information for vehicles:

Name of Vehicle Insurance Carrier _______________________________________________________________

Policy Number ____________________________ Expiration Date ____________________________

Insurance information for employee disability:

Name of Employee Disability Carrier ____________________________________________________________

Policy Number ____________________________ Expiration Date ____________________________

ATTACH THE FOLLOWING WITH THE APPLICATION

_____ How many sanitation vehicles are you requesting to be licensed? _______

For each vehicle please complete an enclosed "Individual Sanitation Vehicle Information" form. Include a copy of the registration for each vehicle.

_____ How many owners, officers, partners, managers, members of the Board of Directors and holders of 10% or more of the outstanding stock or indebtedness of firm? _______

For each individual, please provide full names, addresses, birth dates, social security numbers and association to the firm. Please complete and attach the enclosed “Principal Members of Firm Information” form(s).

_____ The application must include a list of customers and their addresses that will be serviced by the vehicle(s) within the Town.

_____ Application must include a copy of the current Certificate of Insurance with the Town of Greenburgh as an additional insured. Minimum amounts of 250/500/100. All licenses issued expire on December 31st of the year licensed. Insurance should cover the same period.
TOWN OF GREENBURGH
APPLICATION FOR SANITATION VEHICLE LICENSE

I do hereby declare that all answers and statements (including attachments) to the foregoing complies in all respect with the requirements of the Sanitation Law and all Amendments of the Town of Greenburgh, Elmsford, New York, applicable thereto.

________________________________________
(Print Name)

________________________________________
(Signature in Full)

________________________________________
>Title

________________________________________
(Date)

STATE OF NEW YORK
COUNTY OF ___________________________

________________________________________ being duly sworn, deposes and says that he/she is the individual making the foregoing application for a sanitation vehicle license; that the answers to the foregoing questions and other statements contained herein are true of his/her own knowledge.

Sworn to before me this ________ day of ____________________, ________

________________________________________
(Signature of notary public or commissioner of deeds)
# Principal Members of the Firm

Include the names of all owners, officers, managers, partners, members of the Board of Directors and holders of 10% or more of the outstanding stock or indebtedness of the firm.

<table>
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<tr>
<th>FULL NAME AND CURRENT ADDRESS:</th>
<th>SOCIAL SECURITY NUMBR:</th>
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<td>(First, Middle, Last)</td>
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<tr>
<td>(Street, City, State, Zip)</td>
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<td>Association to the Firm:</td>
<td>Date of Birth:</td>
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NAME OF FIRM

________________________________________

SANITATION VEHICLE INFORMATION

Company Vehicle Number or Fleet Number ______________ Year ______

Make ______________ Model of Chassis ____________________________

Color ______________ Type of Cover ______________________________

Plate# ______________ Body Style _________________________________

Unladen Weight __________ Maximum Gross Weight __________________

Vehicle I.D. Number (VIN) ________________________________

Registration Expiration Date _____________________________

Approximate volume and tonnage vehicle will handle daily: ________________________________

(Print name)

(Signature in full)

(Title)

(Date)
TOWN OF GREENBURGH
SANITATION TRUCK INSPECTION

PART I: (FILLED OUT BY APPLICANT)

COMPANY NAME

PHONE

ADDRESS

LICENSE PLATE NUMBER VIN# TRUCK/FLEET NUMBER

**************************************************************************************************************

PART II: (OFFICIAL USE ONLY)

VEHICLE MAKE PACKER/ ROLLOFF (circle one)

YEAR COLOR

MILEAGE NEW YORK STATE INSPECTION # EXPIRATION DATE

NAME/ADDRESS OF COMPANY PAINTED ON VEHICLE YES____ NO____

IF SO LOCATION OF SUCH

PART III: OFFICIAL USE ONLY

WIPERS TAIL LIGHTS

HEADLIGHTS SIGNAL LIGHTS

EMERGENCY FLASHERS TIRES

MIRRORS BRAKE LIGHTS

BACK-UP ALARM HORN

REVERSE LIGHTS

GENERAL CONDITION & CLEANLINESS OF BODY:

GENERAL APPEARANCE OF VEHICLE:

NAME OF INSPECTOR SIGNATURE OF INSPECTOR Date