

# TOWN OF HUNTINGTON

## 2016 LIQUID WASTE COLLECTION LICENSE APPLICATION

*The Town Clerk may revoke or suspend any license for false information or misrepresentation or for any violation of the Town Code or where otherwise permitted by law. The Director of Environmental Waste Management must be notified within five (5) business days of any changes in information contained in this application.*

### PART I APPLICANT INFORMATION

APPLICANT NAME	DOING BUSINESS AS (IF APPLICABLE)		
ADDRESS			
CITY, STATE, ZIP		FEDERAL ID #	
NYSDEC PERMIT #		SUFFOLK COUNTY LICENSE #	
CONTACT PERSON		TELEPHONE #s	DAY/NIGHT
EMAIL ADDRESS			FAX

1. If the applicant is: (Please check one)

- a CORPORATION, list name, home address, home phone number, Social Security #, date of birth and citizenship of each OFFICER or DIRECTOR, and any STOCKHOLDERS owning 20% or more of the stock of the corporation. Identify each officer by title and indicate if they are stockholders and/or directors.
- a PARTNERSHIP, list name, home address, home phone number, Social Security#, date of birth and citizenship of each partner.
- an UNINCORPORATED ASSOCIATION, list name, home address, home phone number, Social Security #, date of birth and citizenship of each associate or individual with an interest in the association.
- an INDIVIDUAL, provide name, home address, home phone number, Social Security #, date of birth, and citizenship.


2. List ALL loans and outstanding debts, and real or personal property that is either pledged or mortgaged, showing the names and addresses of all lenders, pledgees or mortgagees, amounts pledged or mortgaged, and purpose of each loan or debt.


3. Does the applicant or any of its officers, directors, stockholders\*, associates, partners or members of their immediate families\*\* hold an interest, directly or indirectly, in any other business venture or entity which in whole or in part collects, transports, or disposes of solid or liquid waste?  YES  NO If yes, please provide complete details, including date, location and name of business.


4. Has the applicant or any of its officers, directors, stockholders\*, associates or partners been convicted of any felony or crime which is classified as a Class A or B misdemeanor in the last five (5) years (do not include traffic violations)?  YES  NO If yes, the applicant shall set forth in what court, when, where, upon what charges and the sentence of the court including the docket, index, indictment or file number in such court. If a certificate of relief from civil disabilities has been issued by a court of competent jurisdiction, the applicant shall submit a certified copy of same.


5. Are there any criminal charges or investigations presently pending against the applicant or any members of their immediate family\*\*?  YES  NO If yes, please provide copy of the charges.


6. Has the applicant or any of its officers, directors, stockholders\*, associates, partners or members of their immediate families\*\* defaulted on any contract with a municipality, or had any license or permit denied, suspended or revoked?  YES  NO If yes, please provide details, including date, and type of contract defaulted upon and/or when license or permit was suspended or revoked.


7. Please provide the name, address, and day, night and cell phone numbers of the responsible management official.

NAME		
ADDRESS		
DAY PHONE #	NIGHT PHONE #	CELL PHONE #

\* Stockholders owning 20% or more of the corporation.

\*\* Immediate families include child, spouse, parent or sibling.

## PART II

### OPERATIONS INFORMATION

1. Provide complete address of primary place of business, and complete address(es) of any other location(s) used for business.

PRIMARY PLACE OF BUSINESS
ADDITIONAL PLACE OF BUSINESS
ADDITIONAL PLACE OF BUSINESS

2. List ALL other municipalities in which the applicant is licensed to collect and dispose of liquid waste.


3. List ALL facilities and disposal sites currently used by the applicant.


4. Does the applicant service emergency (unscheduled) customers only?  Yes  No If No, attach a list of names and addresses of ALL regularly scheduled customers, indicating collection days for each customer. **All licensees are required to submit a point of origin form when delivering scheduled or emergency waste to the Huntington Sewage Treatment Plant.**

5. Complete the following for any personnel operating applicant's vehicles on any road in the Town of Huntington. Drivers must possess a valid Class A or B license if applicant owns or operates **any** vehicle with gross vehicle weight over 26,000 lbs., or Class D if applicant owns or operates **only** vehicles with gross vehicle weights 26,000 lbs. or under. (Use additional sheets if necessary.)

NAME	SEX <input type="checkbox"/> F <input type="checkbox"/> M
DATE OF BIRTH	DMV OPERATOR'S LICENSE NUMBER
HOME ADDRESS	

NAME	SEX <input type="checkbox"/> F <input type="checkbox"/> M
DATE OF BIRTH	DMV OPERATOR'S LICENSE NUMBER
HOME ADDRESS	

NAME	SEX <input type="checkbox"/> F <input type="checkbox"/> M
DATE OF BIRTH	DMV OPERATOR'S LICENSE NUMBER
HOME ADDRESS	

NAME	SEX <input type="checkbox"/> F <input type="checkbox"/> M
DATE OF BIRTH	DMV OPERATOR'S LICENSE NUMBER
HOME ADDRESS	

NAME	SEX <input type="checkbox"/> F <input type="checkbox"/> M
DATE OF BIRTH	DMV OPERATOR'S LICENSE NUMBER
HOME ADDRESS	

6. List ALL traffic offenses and violations occurring within the last three (3) years for all personnel listed in Item 5. (Use additional sheets if necessary).

NAME	VIOLATION
LOCATION	DISPOSITION
NAME	VIOLATION
LOCATION	DISPOSITION
NAME	VIOLATION
LOCATION	DISPOSITION
NAME	VIOLATION
LOCATION	DISPOSITION

7. Complete the following for ALL collection vehicles to be operated by the applicant. Applicants listing any leased vehicles or vehicles not registered in the applicant's name must provide a copy of each such vehicle's lease agreement, in addition to other required documentation. (Use additional sheets if necessary.)

REGISTERED OWNER		ADDRESS	
YEAR	MAKE	MODEL	COLOR
VEHICLE IDENTIFICATION NUMBER (VIN)		PLATE NUMBER	HEALTH PERMIT NUMBER
STORAGE LOCATION			FULL VOLUME CAPACITY

REGISTERED OWNER		ADDRESS	
YEAR	MAKE	MODEL	COLOR
VEHICLE IDENTIFICATION NUMBER (VIN)		PLATE NUMBER	HEALTH PERMIT NUMBER
STORAGE LOCATION			FULL VOLUME CAPACITY

REGISTERED OWNER		ADDRESS	
YEAR	MAKE	MODEL	COLOR
VEHICLE IDENTIFICATION NUMBER (VIN)		PLATE NUMBER	HEALTH PERMIT NUMBER
STORAGE LOCATION			FULL VOLUME CAPACITY

REGISTERED OWNER		ADDRESS	
YEAR	MAKE	MODEL	COLOR
VEHICLE IDENTIFICATION NUMBER (VIN)		PLATE NUMBER	HEALTH PERMIT NUMBER
STORAGE LOCATION			FULL VOLUME CAPACITY

REGISTERED OWNER		ADDRESS	
YEAR	MAKE	MODEL	COLOR
VEHICLE IDENTIFICATION NUMBER (VIN)		PLATE NUMBER	HEALTH PERMIT NUMBER
STORAGE LOCATION			FULL VOLUME CAPACITY

# PART III

## REQUIRED DOCUMENTATION AND FEES

**1. FINGERPRINTS. First-time Applicants:** After submitting this application, each person identified in PART I Item 1 must be fingerprinted. Each person to be fingerprinted must report to the Town Clerk's office to receive an Originating Reporting Identifier (ORI) number. Applicants may then schedule an appointment to be fingerprinted by calling L-1 Identity Solutions toll-free at 1-877-472-6915 Monday through Saturday 9AM to 9PM, or online at [www.L1enrollment.com](http://www.L1enrollment.com). Fees: Department of Criminal Justice Services (DCJS) processing fee is \$75, plus an additional vendor processing charge.

If applicant is incorporated outside New York State (a foreign corporation), fingerprints shall be provided for at least one responsible management official\* of the corporation who resides in the state and who oversees the operations for which application is made **AND** all officers or directors and any stockholders owning 20% or more of the corporation and who reside outside New York State will provide affidavits stating whether they have been convicted in the last five (5) years of any (i) felony level offenses anywhere; (ii) other violations of law anywhere relating to the collection, transportation and/or disposal of solid or liquid waste; (iii) federal, state or local environmental or RICO laws; or (iv) any violation of the Code of the Town of Huntington.

\*Upon replacement of a responsible management official, the Town must be notified immediately and the new official's fingerprints must be submitted within thirty (30) days of the effective date of the replacement.

**Licensee Renewals:** Applicants who have maintained a valid solid waste license for the past year **and have had no changes in ownership** are not required to resubmit fingerprints.

- NEW APPLICANT
- RENEWAL - FINGERPRINTS ON FILE
- FOREIGN CORPORATION APPLICANT

Complete the following for persons to be fingerprinted. (Use additional sheets if necessary.)

NAME			ALSO KNOWN AS		
MAIDEN NAME (IF DIFFERENT)			TITLE		
HOME ADDRESS					
HEIGHT	WEIGHT	SEX <input type="checkbox"/> F <input type="checkbox"/> M	EYE COLOR	HAIR COLOR	DATE OF BIRTH
PLACE OF BIRTH					
NAME			ALSO KNOWN AS		
MAIDEN NAME (IF DIFFERENT)			TITLE		
HOME ADDRESS					
HEIGHT	WEIGHT	SEX <input type="checkbox"/> F <input type="checkbox"/> M	EYE COLOR	HAIR COLOR	DATE OF BIRTH
PLACE OF BIRTH					
NAME			ALSO KNOWN AS		
MAIDEN NAME (IF DIFFERENT)			TITLE		
HOME ADDRESS					
HEIGHT	WEIGHT	SEX <input type="checkbox"/> F <input type="checkbox"/> M	EYE COLOR	HAIR COLOR	DATE OF BIRTH
PLACE OF BIRTH					
NAME			ALSO KNOWN AS		
MAIDEN NAME (IF DIFFERENT)			TITLE		
HOME ADDRESS					
HEIGHT	WEIGHT	SEX <input type="checkbox"/> F <input type="checkbox"/> M	EYE COLOR	HAIR COLOR	DATE OF BIRTH
PLACE OF BIRTH					

**2. INSURANCE.** Applicant must provide proof of the following insurance coverage. (Attach original certificates of insurance, naming the Town of Huntington as certificate holder and additional insured.)

- Workmen's Compensation
- Disability Benefits Liability
- Public Liability and Property Damage (with a minimum limit of \$1,000,000 for each occurrence)
- Comprehensive Automobile Liability and Property Damage (with a minimum limit of \$1,000,000 for each occurrence with coverage for owned, nonowned and hired vehicles)

**3. DRIVER DOCUMENTATION.** Attach a copy of the DMV operator's license of each person identified in Part II Item 5.

**4. VEHICLE DOCUMENTATION.** Attach copy of the registration, insurance card and NYS Part 364 Waste Transporter Permit of each vehicle listed in Part II Item 7.

**5. FEES.** a) Attach application fee of \$500 which includes the first vehicle, \$200 each additional vehicle, payable to JoAnn Raia, Town Clerk. For applications submitted after November 16, 2015 attach \$100 late fee.  
b) Attach copy of fingerprint processing fee receipt issued by Town Clerk for each person fingerprinted.

**6. BUSINESS CERTIFICATE.** Attach a copy of corporate filing certificate, if a corporation, or Certificate of Doing Business, if a partnership, unincorporated association or individual, **OR** in the case of foreign corporations, proper authorization to do business in New York State in accordance with requirements of New York Business Corporation Law.

7. STATEMENT OF ACCEPTANCE AND COMPLIANCE.

I, \_\_\_\_\_, being duly sworn, depose and say that I am authorized to submit this application on behalf of \_\_\_\_\_; that I have personally read and completed all required parts of this application and affirm that all information contained herein is correct and true; that I have read and understand Chapter 117, "Solid Waste Management", of the Code of the Town of Huntington and agree to comply with all terms, conditions, requirements and provisions of said chapter; that I understand and agree that any violation of any term, condition, requirement or provision of said chapter may be grounds for suspension or revocation, if such a determination is made at a hearing held in accordance with the Town Code, of any license issued under said chapter for me and/or my corporation, partnership or unincorporated association or other entity; and that I consent to the release of any and all information contained herein to local, state and federal law enforcement and regulatory agencies.

AFFIX CORPORATE SEAL HERE

\_\_\_\_\_  
Signature & Title Date

If a corporation, partnership, unincorporated association or other entity:

STATE OF NEW YORK)  
: SS  
COUNTY OF SUFFOLK)

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, before me, the undersigned, a notary public in and for said state, personally came \_\_\_\_\_, to me known, who, being by me duly sworn, did testify and say that he/she resides in \_\_\_\_\_; that he/she is the \_\_\_\_\_ of \_\_\_\_\_, the corporation described in and which executed the above instrument; that he/she knows the seal of the corporation; that the seal affixed to the instrument is such corporate seal; that it was so affixed by the order of the board of directors of the corporation, and that he/she signed his/her name thereto by like order.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

If individual:

STATE OF NEW YORK)  
: SS  
COUNTY OF SUFFOLK)

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, before me, the undersigned, a notary public in and for said state, personally came \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

APPROVED FOR TOWN USE ONLY  
 DENIED AUTHORIZED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

7. STATEMENT OF ACCEPTANCE AND COMPLIANCE.

I, \_\_\_\_\_, being duly sworn, depose and say that I am authorized to submit this application on behalf of \_\_\_\_\_; that I have personally read and completed all required parts of this application and affirm that all information contained herein is correct and true; that I have read and understand Chapter 117, "Solid Waste Management", of the Code of the Town of Huntington and agree to comply with all terms, conditions, requirements and provisions of said chapter; that I understand and agree that any violation of any term, condition, requirement or provision of said chapter may be grounds for suspension or revocation, if such a determination is made at a hearing held in accordance with the Town Code, of any license issued under said chapter for me and/or my corporation, partnership or unincorporated association or other entity; and that I consent to the release of any and all information contained herein to local, state and federal law enforcement and regulatory agencies.

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\_\_\_\_\_  
Signature & Title Date

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STATE OF NEW YORK)  
: SS  
COUNTY OF SUFFOLK)

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, before me, the undersigned, a notary public in and for said state, personally came \_\_\_\_\_, to me known, who, being by me duly sworn, did testify and say that he/she resides in \_\_\_\_\_; that he/she is the \_\_\_\_\_ of \_\_\_\_\_, the corporation described in and which executed the above instrument; that he/she knows the seal of the corporation; that the seal affixed to the instrument is such corporate seal; that it was so affixed by the order of the board of directors of the corporation, and that he/she signed his/her name thereto by like order.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

If individual:

STATE OF NEW YORK)  
: SS  
COUNTY OF SUFFOLK)

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, before me, the undersigned, a notary public in and for said state, personally came \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

<input type="checkbox"/> APPROVED	FOR TOWN USE ONLY
<input type="checkbox"/> DENIED AUTHORIZED BY _____	TITLE _____ DATE _____