VILLAGE OF TARRYTOWN Annual Fee: $250/Company
$100/Truck

APPLICATION FOR LICENSE TO CART REFUSE, WASTE & RUBBISH BY PRIVATE CARTERS

IN ACCORDANCE WITH CHAPTERS 183 OF THE CODE OF THE VILLAGE OF TARRYTOWN

Name & Address of Owner of Vehicles: _____Telephone No. _____

Firm Name, if other than Individual: _____E-Mail Address: _____

OWNERS, PARTNERS, MANAGERS, BOARD OF DIRECTORS

Name & Address Date of Birth

1. _____

2. _____

3. _____

4. _____

Have any of the above ever been convicted for any crime? _____. If so, give name, charge, jurisdiction, date and disposition of each offense.

Have any of those listed above ever been affiliated I any way with any other refuse, waste or rubbish collection, and if so, whom, the jurisdiction and the date?

Have any of those listed above ever been denied a license for the purpose of refuse, waste or rubbish collection, and if so, whom, the jurisdiction and the date?

Subject Vehicle: Year _____ Make _____ Model of Chassis _____

Body Style _____

NYS Registration No. _____

NYS Plate No. _____

Unladen Weight _____ Gross Weight _____

Inspection Sticker No. _____ Expiration Date _____

Subject Vehicle: Year _____ Make _____ Model of Chassis _____

Body Style _____

NYS Registration No. _____

NYS Plate No. _____

Unladen Weight _____ Gross Weight _____

Inspection Sticker No. _____ Expiration Date _____

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Subject Vehicle: Year _____ Make _____ Model of Chassis _____

Body Style _____

NYS Registration No. _____

NYS Plate No. _____

Unladen Weight _____ Gross Weight _____

Inspection Sticker No. _____ Expiration Date _____

****

Subject Vehicle: Year _____ Make _____ Model of Chassis _____

Body Style _____

NYS Registration No. _____

NYS Plate No. _____

Unladen Weight _____ Gross Weight _____

Inspection Sticker No. _____ Expiration Date _____

(Continued on Other Side)

Subject Vehicle: Year _____ Make _____ Model of Chassis _____

Body Style _____

NYS Registration No. _____

NYS Plate No. _____

Unladen Weight _____ Gross Weight _____

Inspection Sticker No. _____ Expiration Date _____

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Subject Vehicle: Year _____ Make _____ Model of Chassis _____

Body Style _____

NYS Registration No. _____

NYS Plate No. _____

Unladen Weight _____ Gross Weight _____

Inspection Sticker No. _____ Expiration Date _____

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Subject Vehicle: Year _____ Make _____ Model of Chassis _____

Body Style _____

NYS Registration No. _____

NYS Plate No. _____

Unladen Weight _____ Gross Weight _____

Inspection Sticker No. _____ Expiration Date _____

Routes on which the vehicle will operate within the Village of Tarrytown: _____
_____

Approximate volume _____and tonnage _____the vehicle will handle.

List Customers Names and Addresses to be serviced by this vehicle:

_____

_____

_____

Vehicle will operate _____ days a week between _____ a.m. & _____ p.m.

Disposal site or sites to be used: _____

Garage or Lot location where vehicle is normally stored: _____
_____

Name of Insurance Carrier _____Policy No. _____Expiration Date: _____
(Please submit a copy of your insurance certificate naming the Village of Tarrytown as additionally insured)
Certificate of Employee Disability Insurance Number: _____

_____
Signature of Applicant

Sworn to before me this

_____ day of _____, 20___

_____
Notary Public