

TOWN OF COLONIE
APPLICATION FOR SOLID WASTE COLLECTION LICENSE

Submit form to: Town of Colonie Town Clerk
P.O. Box 508, Memorial Town Hall
Newtonville, N.Y. 12128
Tele: 518-783-2734

1. Applicant's Name: _____

Address: _____

Telephone: (day) _____ Telephone: (evening) _____

2. Names and addresses of each officer and/or director, if a corporation, or of each partner, if a partnership:

3. List all of the name(s) of the company(s) in which any of the partners or corporation officers identified in this application have previously operated or been affiliated with which business in the transporting, collecting, treating, disposing, processing or recycling of solid wastes in the previous five (5) years.

7. THE FOLLOWING INFORMATION IS NEEDED TO ASCERTAIN WHICH FACILITIES HAVE ACCEPTED WASTES FROM YOU IN THE PREVIOUS SIX (6) MONTHS AND IN WHAT QUANTITY.

Name of Solid Waste Management Facility Accepting Wastes Municipality, Street No. and Name	Solid Waste Type (SEE NOTE)	Solid Waste Quantity (Tons per 6 Months)	Location of Generator (City/Town/Village)
A.			
B.			
C.			
D.			
E.			
F.			
G.			
H.			
I.			
J.			
K.			
L.			
M.			

***NOTE: IDENTIFICATION OF SOLID WASTE TYPES-COMMON NAME-COMMODITY CODE**

Residential Garbage.....RG	Commercial Residential Garbage.....CG
Construction Demolition Debris.....CDD	Residential Recyclables
Industrial Waste.....IW	Automotive Batteries.....RRAB
Recyclables	Corrugated Cardboard.....RRCC
Antifreeze.....RA	Glass Containers.....RRG
Bulk Metals.....RBM	Household Batteries.....RRHB
Co-Mingled.....RC	Metal Cans.....RRMC
Direct Marketing.....RDM	Old Newspapers.....RRONP
Grease,Oils & Fats.....RGOF	Plastic Containers.....RRPC
Magazines.....RM	Other.....RRO
Office Paper.....ROP	Solid Waste
Pallets.....RP	Ashes.....SWA
Plastics, Non-Container.....RPNC	Sludges.....SWS
Tires.....RT	Wood Wastes.....WW
Waste Oil.....RWO	Yard Wastes.....YW

(PLEASE COPY THIS PAGE IF ADDITIONAL SPACE IS NEEDED)

The undersigned has read this Solid Waste Collection License Application and any documents attached hereto and is aware of the contents of said application and attachments. Further, the undersigned declares said application and attachments to be true to the best of its/his/her knowledge, except for those items specifically stated to be known by "information and belief".

If a Solid Waste Collection License is approved and issued to the undersigned, said licensee agrees to conduct any activity or business pursuant to all applicable laws, rules or regulations, including Chapter 112 of the Code of the Town of Colonie, and will forfeit the right to such license if a violation of any such laws, rules or regulations is found.

Any fees, dues or assessments against the applicant herein for use of any Town of Colonie Solid Waste Management Facility, including the Town of Colonie Sanitary Landfill and the Materials Recycling Facility, shall be paid by the applicant in a timely manner. Failure to do so may subject the applicant to additional costs. Applicant agrees it/he/she shall pay all such fees, dues and assessments, including but not limited to interest, penalties, court costs, staff work time and reasonable attorney's fees and expenses.

If applicant is an individual(s), please sign here:

Sworn to before me this day
of , 2000.

Notary Public

If applicant is a corporation or partnership, please sign here:

(Print Name of Corporation or Partnership)

By: _____
(Print Name and Title)

STATE OF NEW YORK)
COUNTY OF ALBANY) SS:

On this _____ day of _____, 2000 , before me personally came _____, to me personally known, who being by me dully sworn, did depose and say that he/she is the _____, of _____, the corporation/partnership described herein, and which executed the foregoing instrument, and that he/she did acknowledge to me that he/she executed the same under authority granted to him/her by the Board of Directors/partnership.

NOTARY PUBLIC

4. Vehicle Description and Information:

A. Owner's Name & Address if other than Applicant: _____

NYS License Plate No: _____ NYS Registration No: _____

Vehicle ID No: _____ Truck No: _____

(Year) (Manufacturer) (Color) (Model of Chassis and Body Type)

(Capacity in Cubic Yards) (Vehicle Tare Weight if known)

B. Owner's Name & Address if other than Applicant: _____

NYS License Plate No: _____ NYS Registration No: _____

Vehicle ID No: _____ Truck No: _____

(Year) (Manufacturer) (Color) (Model of Chassis and Body Type)

(Capacity in Cubic Yards) (Vehicle Tare Weight if known)

C. Owner's Name & Address if other than Applicant: _____

NYS License Plate No: _____ NYS Registration No: _____

Vehicle ID No: _____ Truck No: _____

(Year) (Manufacturer) (Color) (Model of Chassis and Body Type)

(Capacity in Cubic Yards) (Vehicle Tare Weight if known)

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