



**TOWN OF CLARKSTOWN  
CLARKSTOWN SANITATION COMMISSION**

10 Maple Avenue  
New City, New York 10956  
Phone: (845)639-2111  
Fax: (845)634-3743

**New Application:  
Renewal Application:**

**ANNUAL LICENSE#:  
DATE RECEIVED:**

**Garbage Pick Up:  
Construction & Demolition:**

**APPLICATION FOR LICENSE TO ENGAGE IN SOLID WASTE  
COLLECTION BUSINESS IN THE TOWN OF CLARKSTOWN**

State of New York )  
County of Rockland ) SS:

\_\_\_\_\_ being duly sworn deposes and says:  
Applicant resides  
at \_\_\_\_\_

And hereby makes application for a license to engage in the solid waste removal business in the Town of Clarkstown as provided in Chapter 149 of the Clarkstown Town Code.

**1. Person or Entity to be licensed:**

Name: \_\_\_\_\_ Check if  Corporation  
 Individual  
 Partnership

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Fax: \_\_\_\_\_

SS# or Employee ID#: \_\_\_\_\_ Number of Shareholders \_\_\_\_\_

Date Business was Started: \_\_\_\_\_ Number of Partners: \_\_\_\_\_

Business address: \_\_\_\_\_

Garage address: \_\_\_\_\_

Applicant \_\_\_\_\_ Tax ID/SSN \_\_\_\_\_

Initials of Party Executing Application on behalf of Applicant \_\_\_\_\_

Check if business location is \_\_\_\_\_ owned by applicant or \_\_\_\_\_ rented. If rented, attach copy of lease.

Does any person or entity have an ownership interest in this business which is not disclosed in this application \_\_\_\_yes  
\_\_\_\_no. If yes, explain the circumstances.

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Trade name or Assumed name, if any; \_\_\_\_\_

If a Corporation is seeking a license, attach certificate of good standing and authorization to do business in New York dated no earlier than thirty days from date of application. If trade name or assumed name is being used, attach certified copy of current certificate filed in the Rockland County Clerk's Office for individual or partnership; if a Corporation, attach a copy of filing receipt of Department of State for use of assumed name.

Is this an application to engage in Collection of Solid Waste \_\_\_\_\_  
Collection of Construction and demolition \_\_\_\_\_ (Please check one or both)

2. Please provide a brief note on your experience in the field of garbage pick up: (attach additional sheets as necessary)

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3. Is any unlicensed Carter utilizing your services, equipment or license to pick up garbage in the Town of Clarkstown? Or are you conducting solid waste business for any unlicensed carter or company in the Town of Clarkstown?  
Yes \_\_\_\_\_ (to either) No \_\_\_\_\_. If Yes, please identify name, address, phone number of the person or company.

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4. Do you utilize the services of a "broker or consultant" to obtain customers? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, please identify; name, address, phone the "broker or consultant."

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Applicant \_\_\_\_\_ Tax ID/SSN \_\_\_\_\_  
Initials of Party Executing Application on behalf of Applicant \_\_\_\_\_