

**VILLAGE OF MUTTONTOWN
Application for Solid Waste
Permit For Licensing of Carters**

LOCAL LAW 2-1990

APPLICANT NAME: _____

ADDRESS: _____

TELEPHONE NO: _____ (Night) _____ (Day) _____

IF PARTNERSHIP OR TRADE NAME, NAME OF INDIVIDUAL PARTNERS:

IF CORPORATION, NAME OF DIRECTORS, OFFICERS & TITLE:

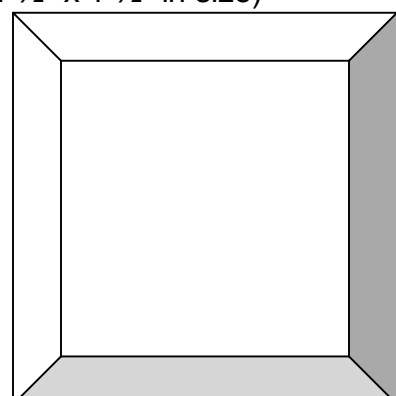
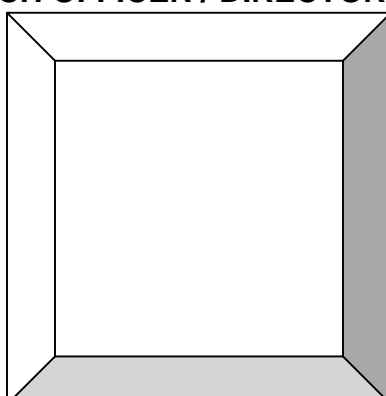
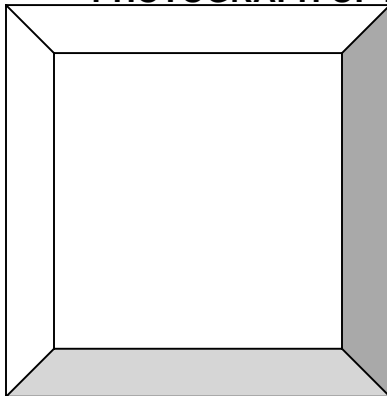
CARTING EXPERIENCE –MUNICIPAL AND PRIVATE:

REFERENCES: (Must know applicant more than two years):

Name	Address	Telephone #
1. _____	_____	_____
2. _____	_____	_____

APPLICANT'S AGE AND CITIZENSHIP:

PHOTOGRAPH OF EACH OFFICER / DIRECTOR :(1 1/2" x 1 1/2" in size)



LOCATION OF TERMINAL:

OF COLLECTION VEHICLES TO BE OPERATED BY APPLICANT: _____

DESCRIPTION OF EACH VEHICLE INCLUDING OWNERSHIP:

If more space is needed, please attach separate sheet.

PROPOSED ROUTE AND PICK UP SCHEDULE:

LOCATION FOR DISPOSAL OF RECYCLABLES:

EMPLOYEE INFORMATION: (for all employees to be employed by applicant)

NAME ADDRESS SOCIAL SECURITY # DATE OF BIRTH

MONTHLY RATE:

STANDARD MONTHLY CHARGE: \$ _____

Based on: No. pick-ups per week - 2
Length of driveway - 400 ft.
Containers - (2) 30 gallon average weight
- 35 lbs. per container

INCREMENTS:

ADDITIONAL PICK-UP _____
LONGER DRIVEWAY _____

DEDUCTIONS:

FEWER PICK-UPS (-) _____
SHORTER DRIVEWAY (-) _____

SPECIAL PICK-UPS:

RECYCLABLES _____
BULK _____

If additional space is needed, attach separate sheet.

Date: _____

Applicant / Title

I have read the foregoing application and understand that any false statements made therein are punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law.

Applicant / Title