



# TOWN OF GREENBURGH

## TOWN CLERK'S OFFICE

177 Hillside Avenue, Greenburgh, NY 10607

(914) 989-1500 FAX (914) 993-1626

[townclerk@greenburghny.com](mailto:townclerk@greenburghny.com)

*(Finger Printing Every Year)*

November 2017

**To: All Applicants For Town Of Greenburgh Sanitation Vehicle Licenses**

Enclosed is your application and additional forms for sanitation vehicle license(s) for **2018**. Please return the completed application before December 31, **2017**, with all signatures notarized, complete individual vehicle information and correct non-refundable fee (\$125 each vehicle), list of customers with their addresses and Certificate of Insurance information, to the Town Clerk's Office. All required items must be received with the completed application.

**Please note the following fingerprint requirements:**

1. All managers, corporate officers, and administrative personnel responsible for supervising and administering local collection within the Town must be fingerprinted. Then, each applicant must have fingerprints taken, please contact L 1 Enrollment at 1-877-472-6915 to make an appointment. The applicant must present the receipt from the Town Clerk's Office when he/she goes for fingerprinting. The following non-refundable fees must be paid at that time: a **money order/check for \$85.75** in favor of L 1 Enrollment to the Fingerprinting Department. **The ORI # for Town of Greenburgh is NY0595300.**

Each vehicle to be licensed must be inspected at the Greenburgh Central Garage, 100 Old Sprain Road, Ardsley, NY or other designated location at a time agreed to between the Department of Public Works and the owner, no later than 14 days after the date the application is submitted. Please call 693-9583 for an appointment.

**Please be advised that the deadline for fingerprints is within fourteen days of the application filing. Failure to be fingerprinted in a timely manner may cause your **2018** license to be denied. Anyone who does not comply with the Town Code, Chapter §410-6 Licensing of private collection vehicles is in violation and subject to be penalized per the Town Code, Chapter §410-9 Enforcement; penalties for offenses.**

***All current licenses expire on December 31, 2017.***

If you have any questions, call my office at 989-1500 option 5.

Sincerely,

Judith A. Beville  
Town Clerk

JAB: cp

**TOWN OF GREENBURGH**  
**APPLICATION FOR SANITATION VEHICLE LICENSE**

**OFFICE USE ONLY**

APPL. RECEIVED: \_\_\_\_\_ FEE RECEIVED: \_\_\_\_\_ RECEIPT NO. \_\_\_\_\_  
INSURANCE: YES \_\_\_\_\_ NO \_\_\_\_\_ LICENSE APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_

**Non-refundable Application fee is \$125.00 per vehicle. False replies to any of the questions herein, under the law, constitutes perjury; detection of such falsity will result in refusal of license, or, if granted, in revocation of same. Please print and complete all the information necessary, as per the Sanitation Law, Chapter 43 of the code of the Town of Greenburgh.**

***PERSONAL INFORMATION***

Full Name: \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

\_\_\_\_\_  
(P.O. Box Address, if applicable) (City) (State) (Zip)

Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
(Area Code + Number) (Area Code + Number)

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ e-mail \_\_\_\_\_

***OTHER ADDRESSES IN THE LAST FIVE (5) YEARS:***

\_\_\_\_\_  
(Street Address) (City) (State) (Zip)

\_\_\_\_\_  
(P.O. Box Address, if applicable) (City) (State) (Zip)

***FOR COMPANY OWNED VEHICLES***

\_\_\_\_\_  
(Name of partnership, firm or corporation)

\_\_\_\_\_  
(Street Address) (City) (State) (Zip)

\_\_\_\_\_  
(Mailing Address, if different) e-mail address

Date Incorporated \_\_\_\_\_ State of \_\_\_\_\_  
Incorporation \_\_\_\_\_ Telephone # \_\_\_\_\_

**Please note: All managers, corporate officers and administrative personnel responsible for supervising and administrating local collection must be fingerprinted at the locations mentioned on the attached Notice. Non-refundable Fee is \$ 85.75 (money order/check) in favor of L 1 Enrollment services for Fingerprinting.**

**TOWN OF GREENBURGH**  
**APPLICATION FOR SANITATION VEHICLE LICENSE**

Has the *applicant*, any current owner, partner, manager, corporate officer or member of the Board of Directors ever been convicted of any crime other than a traffic violation?

No  Yes  If yes, state facts below; if necessary, attach additional sheets of paper.

Name of Individual	Date	Jurisdiction	Conviction	Sentence Imposed

Has any manager, corporate officer or administrative personnel responsible for supervising and administering local collection within the town ever been affiliated in any way with any other refuse, waste or rubbish collection firm?

No  Yes  If yes, state facts below; if necessary, attach additional sheets of paper.

Name of Individual	With whom was he/she affiliated	How was he/she affiliated

Has any manager, corporate officer or administrative personnel responsible for supervising and administering local collection within the town ever been denied a license for the purpose of refuse, waste or rubbish collection?

No  Yes  If yes, state facts below; if necessary, attach additional sheets of paper.

Name of Individual	Dates	Jurisdictions

**TOWN OF GREENBURGH**  
**APPLICATION FOR SANITATION VEHICLE LICENSE**

***BUSINESS INFORMATION***

Location of garage or lot where vehicle is normally stored:

\_\_\_\_\_

(Street Address) (City) (State) (Zip)

Disposal site(s) used or planned:

\_\_\_\_\_

(Name of location, if applicable)

\_\_\_\_\_

(Street Address) (City) (State) (Zip)

Days of operation: \_\_\_\_\_ Hours of operation for vehicle(s): \_\_\_\_\_

Route(s) of operation within the Town: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Insurance information for vehicles:

Name of Vehicle Insurance Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Insurance information for employee disability:

Name of Employee Disability Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

***ATTACH THE FOLLOWING WITH THE APPLICATION***

\_\_\_\_\_ How many sanitation vehicles are you requesting to be licensed? \_\_\_\_\_  
For each vehicle please complete an enclosed "Individual Sanitation Vehicle Information" form.  
Include a copy of the registration for each vehicle.

\_\_\_\_\_ How many owners, officers, partners, managers, members of the Board of Directors and holders of 10%  
or more of the outstanding stock or indebtedness of firm? \_\_\_\_\_  
For each individual, please provide full names, addresses, birth dates, social security numbers and  
association to the firm. Please complete and attach the enclosed "Principal Members of Firm Information"  
form(s).

\_\_\_\_\_ The application must include a list of customers and their addresses that will be serviced by the vehicle(s)  
within the Town.

\_\_\_\_\_ Application must include a copy of the current Certificate of Insurance with the Town of Greenburgh as  
an additional insured. Minimum amounts of 250/500/100. All licenses issued expire on December 31<sup>st</sup> of  
the year licensed. Insurance should cover the same period.

**TOWN OF GREENBURGH**  
**APPLICATION FOR SANITATION VEHICLE LICENSE**

I do hereby declare that all answers and statements (including attachments) to the foregoing complies in all respect with the requirements of the Sanitation Law and all Amendments of the Town of Greenburgh, Elmsford, New York, applicable thereto.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature in Full)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

STATE OF NEW YORK  
COUNTY OF \_\_\_\_\_

\_\_\_\_\_ being duly sworn, deposes and says that he/she is the individual making the foregoing application for a sanitation vehicle license; that the answers to the foregoing questions and other statements contained herein are true of his/her own knowledge.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Signature of notary public or commissioner of deeds)

**TOWN OF GREENBURGH**  
**APPLICATION FOR SANITATION VEHICLE LICENSE**

**Principal Members of the Firm**

Include the names of all owners, officers, managers, partners, members of the Board of Directors and holders of 10% or more of the outstanding stock or indebtedness of the firm.

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FULL NAME AND CURRENT ADDRESS:	SOCIAL SECURITY NUMBR:
_____	_____
(First, Middle, Last)	
_____	
(Street, City, State, Zip)	
Association to the Firm: _____	Date of Birth: _____

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FULL NAME AND CURRENT ADDRESS:	SOCIAL SECURITY NUMBR:
_____	_____
(First, Middle, Last)	
_____	
(Street, City, State, Zip)	
Association to the Firm: _____	Date of Birth: _____

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FULL NAME AND CURRENT ADDRESS:	SOCIAL SECURITY NUMBR:
_____	_____
(First, Middle, Last)	
_____	
(Street, City, State, Zip)	
Association to the Firm: _____	Date of Birth: _____

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FULL NAME AND CURRENT ADDRESS:	SOCIAL SECURITY NUMBR:
_____	_____
(First, Middle, Last)	
_____	
(Street, City, State, Zip)	
Association to the Firm: _____	Date of Birth: _____

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FULL NAME AND CURRENT ADDRESS:	SOCIAL SECURITY NUMBR:
_____	_____
(First, Middle, Last)	
_____	
(Street, City, State, Zip)	
Association to the Firm: _____	Date of Birth: _____

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**TOWN OF GREENBURGH**  
*Application for Sanitation Vehicle License*  
*Individual Sanitation Vehicle Information*

**OFFICE USE ONLY**

Appl. Received: \_\_\_\_\_ DPW Inspection Date: \_\_\_\_\_ License#: \_\_\_\_\_

Receipt#: \_\_\_\_\_ Approved \_\_\_\_\_ Unsatisfactory \_\_\_\_\_ Date Issued: \_\_\_\_\_

**\$125.00 per vehicle non-refundable application fee. False replies to any of the questions herein, under the law, constitutes perjury; detection of such falsity will result in refusal of license, or, if granted, in revocation of same. Please Print and complete all information necessary as per the Sanitation Law, Chapter 43 of the code of the Town of Greenburgh.**

NAME OF FIRM

SANITATION VEHICLE INFORMATION

Company Vehicle Number or Fleet Number \_\_\_\_\_ Year \_\_\_\_\_

Make \_\_\_\_\_ Model of Chassis \_\_\_\_\_

Color \_\_\_\_\_ Type of Cover \_\_\_\_\_

Plate# \_\_\_\_\_ Body Style \_\_\_\_\_

Unladen Weight \_\_\_\_\_ Maximum Gross Weight \_\_\_\_\_

Vehicle I.D. Number (VIN) \_\_\_\_\_

Registration Expiration Date \_\_\_\_\_

Approximate volume and tonnage vehicle will handle daily: \_\_\_\_\_

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Signature in full)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

**TOWN OF GREENBURGH  
SANITATION TRUCK INSPECTION**

**PART I: (FILLED OUT BY APPLICANT)**

COMPANY NAME \_\_\_\_\_  
PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

LICENSE PLATE NUMBER \_\_\_\_\_ VIN# \_\_\_\_\_

TRUCK/FLEET NUMBER \_\_\_\_\_

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**PART II: (OFFICIAL USE ONLY)**

VEHICLE MAKE \_\_\_\_\_ PACKER/ ROLLOFF (circle one)  
YEAR \_\_\_\_\_ COLOR \_\_\_\_\_  
MILAGE \_\_\_\_\_ NEW YORK STATE INSPECTION # \_\_\_\_\_  
EXPIRATION DATE \_\_\_\_\_  
NAME/ADDRESS OF COMPANY PAINTED ON VEHICLE YES\_\_\_ NO\_\_\_  
IF SO LOCATION OF SUCH \_\_\_\_\_

**PART III: OFFICIAL USE ONLY**

WIPERS \_\_\_\_\_ TAIL LIGHTS \_\_\_\_\_  
HEADLIGHTS \_\_\_\_\_ SIGNAL LIGHTS \_\_\_\_\_  
EMERGENCY FLASHERS \_\_\_\_\_ TIRES \_\_\_\_\_  
MIRRORS \_\_\_\_\_ BRAKE LIGHTS \_\_\_\_\_  
BACK-UP ALARM \_\_\_\_\_ HORN \_\_\_\_\_  
REVERSE LIGHTS \_\_\_\_\_

GENERAL CONDITION & CLEANLINESS OF BODY: \_\_\_\_\_

GENERAL APPEARANCE OF VEHICLE: \_\_\_\_\_

NAME OF INSPECTOR \_\_\_\_\_ SIGNATURE OF INSPECTOR \_\_\_\_\_ Date \_\_\_\_\_