

<u>Instructions:</u> If application is made on behalf of a corporation, such information should be furnished and the other information shall refer to the operating manager of the business.

Application for license to collect and remove and/or dispose of refuse in the City of Plattsburgh in accordance with Chapter 289 of the Code of the City of Plattsburgh. Application is hereby made for a license to collect, remove and/or dispose of refuse in the City of Plattsburgh. **Corporation Name:** Name of Individual: Address: Have you ever been convicted of a crime? ()Yes () No If yes, what crime(s) _____ **Date and Place of Conviction** Date (s) Crime (s) Place (s) How many vehicles do you use? ___ Do you hold a valid ID N.Y.S. License as per section 501 of the vehicle and traffic laws of the State of New York? Has it been suspended or revoked? $\hspace{0.1in}$ ($\hspace{0.1in}$) Yes $\hspace{0.1in}$ ($\hspace{0.1in}$) No If yes, give date, why and where:____ This application is made for (Make or Vehicle): ____ Year of Vehicle _____ Vehicle Identification Number _____ Weight Capacity License Number Is this vehicle properly identified, as per code? () Yes ()No Certificate of Insurance provided, naming City of Plattsburgh as additional insured? () Yes () No () Yes *Public Liability in the amount of \$1,000,000:* () No For damages to property from any one accident or incident (combined single limit for personal injury or death or property damage) \$2,000,000: () Yes () No **<u>License fee \$1000.00 per vehicle/per calendar vear</u>.** Renewal needs to be made by January 15th of each year service is being provided. It is my understanding that if I violate any of the provisions of the ordinance, a copy of which I have read or purchased, that I shall be fined a separate offense shall be deemed committed on each day during or on which a violation occurs or continues. Signature of Applicant Date Insurance Certificate Reviewed and Accepted: Permission to Issue License Granted by: _____

Date: ____

License Issued By: _____