## **TOWN OF LYSANDER**

## HAULER LICENSE APPLICATION TO OPERATE A HAULING BUSINESS IN THE TOWN OF LYSANDER

This application must be completed and approved by the Town of Lysander. The fee for a Trash Hauler permit is \$250.00. Please make check payable to Lysander Town Clerk.

YOU MUST HAVE A VALID ONONDAGA COUNTY RESOURCE RECOVERY AGENCY PERMIT AND A TOWN OF LYSANDER LICENSE TO PERFORM WASTE HAULING SERVICES IN THE TOWN OF LYSANDER PURSUANT TO LOCAL LAW. NO. 1 OF THE YEAR 1990.

## Definitions:

"AGENCY" shall mean Onondaga County Resource Recovery Agency.

| "T                | OWN                 | " shall mean the Town of Lysander.                                           |  |  |  |  |
|-------------------|---------------------|------------------------------------------------------------------------------|--|--|--|--|
| l.                | OW                  | OWNERSHIP INFORMATION:                                                       |  |  |  |  |
|                   | Α                   | Is the business: single ownership partnership corporation                    |  |  |  |  |
|                   | B.                  | If the business is a corporation, have you registered with the State? Yes No |  |  |  |  |
|                   | C.                  | Corporate name:                                                              |  |  |  |  |
|                   | D.                  | List owner(s) - if corporation, list officers and positions held             |  |  |  |  |
|                   |                     | Name:                                                                        |  |  |  |  |
|                   |                     | Residence:                                                                   |  |  |  |  |
|                   |                     | Telephone:                                                                   |  |  |  |  |
|                   |                     |                                                                              |  |  |  |  |
|                   |                     | Name:                                                                        |  |  |  |  |
|                   |                     | Residence:                                                                   |  |  |  |  |
|                   |                     | Telephone:                                                                   |  |  |  |  |
|                   |                     |                                                                              |  |  |  |  |
|                   |                     | Name:                                                                        |  |  |  |  |
|                   |                     | Residence:                                                                   |  |  |  |  |
|                   |                     | Telephone:                                                                   |  |  |  |  |
|                   |                     |                                                                              |  |  |  |  |
| II.               | BU                  | SINESS INFORMATION:                                                          |  |  |  |  |
|                   |                     | Business name:                                                               |  |  |  |  |
| Business address: |                     |                                                                              |  |  |  |  |
|                   | Business telephone: |                                                                              |  |  |  |  |
|                   |                     | Name of responsible contact person:                                          |  |  |  |  |

|      |                                                                                                                                         | re Use Only:                                                                                                                                                                                   |                                                      |  |  |  |
|------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--|--|--|
| Sig  |                                                                                                                                         |                                                                                                                                                                                                |                                                      |  |  |  |
| Sig  | natu                                                                                                                                    | ,                                                                                                                                                                                              | ,                                                    |  |  |  |
| Sig  | natu                                                                                                                                    | ,                                                                                                                                                                                              | ,                                                    |  |  |  |
|      | natu                                                                                                                                    | aturo(c):                                                                                                                                                                                      |                                                      |  |  |  |
| Da   | te: _                                                                                                                                   | ::                                                                                                                                                                                             |                                                      |  |  |  |
|      |                                                                                                                                         |                                                                                                                                                                                                |                                                      |  |  |  |
|      |                                                                                                                                         | Sta                                                                                                                                                                                            | te that the foregoing is true, correct and complete. |  |  |  |
| I (v | ve), _                                                                                                                                  | ;),                                                                                                                                                                                            | ,                                                    |  |  |  |
|      | В.                                                                                                                                      | B. Applicant's plan of operation with respect to the Onondaga                                                                                                                                  | County Source Separation Law.                        |  |  |  |
|      |                                                                                                                                         | A. Certificate of Insurance naming the Town of Lysander as an additional insured.                                                                                                              |                                                      |  |  |  |
| IV.  | REQUIRED SUBMISSIONS:                                                                                                                   |                                                                                                                                                                                                |                                                      |  |  |  |
|      | F.                                                                                                                                      | F. As of June 1, 2016, approximately how many residential cust indicate number here:                                                                                                           | omers did you serve in the Town of Lysander? Please  |  |  |  |
|      | E.                                                                                                                                      | Does the Applicant agree to collect and transport recycling materials in accordance with the Onondaga County Source Separation Law? Yes No                                                     |                                                      |  |  |  |
|      | D.                                                                                                                                      | Does the Applicant agree that it will not knowingly deliver any hazardous waste, as defined in Local Law Number 1 of 1990, into the County Resource Recovery Agency solid waste system? Yes No |                                                      |  |  |  |
|      | C.                                                                                                                                      | C. Does the Applicant agree that it will deliver all of the solid was<br>Onondaga County Resource Recovery Agency solid waste sys                                                              | •                                                    |  |  |  |
|      | В.                                                                                                                                      | B. Does the Applicant agree to maintain a valid AGENCY permit permit, agrees to notify the TOWN's license issuing agent of                                                                     | •                                                    |  |  |  |
|      |                                                                                                                                         | AGENCY Permit #:                                                                                                                                                                               |                                                      |  |  |  |
|      | A. Does the Applicant possess a valid permit issued by the Onondaga County Re<br>Yes No (If "NO" you WILL NOT be issued a Town License) |                                                                                                                                                                                                | in License)                                          |  |  |  |

III. COVENANTS: