

TOMPKINS COUNTY SOLID WASTE HAULER LICENSE APPLICATION

(Please type or print legibly)

ALL SECTIONS MUST BE COMPLETED FOR THIS APPLICATION TO BE APPROVED

If a section does not apply, indicate this by writing "NA". Do NOT leave blank spaces.

ALL SOLID WASTE HAULER LICENSES ARE SUBJECT TO REVOCATION PURSUANT TO
CHAPTER 140, ARTICLE III OF THE TOMPKINS COUNTY CODE.

Application Date: _____

Date Issued: _____
(County Use only)

Name of Applicant: _____ Phone: _____

Street Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____

Email Address: _____

Federal ID#: _____ Type of ownership: _____
(Or Social Security #) (Corp., Partnership, Sole proprietor)

Assumed name if the applicant does business under more than one name:

Names of all Partners, Officers and Directors: _____

Type of Insurance Coverage (Check One): MSC-90 / MSC-82 / Other: _____

Insurance Company Name: _____

Insurance Policy Number: _____

On page 5, list all vehicles to be registered under this license. Use additional sheets if necessary.
Include the correct fee for all of your vehicles listed, together with the license application fee.

Total amount due: *Number of vehicles being registered* _____ X \$25 = \$ _____ + \$100 = \$ _____
(Per vehicle license sticker fee) (License fee)

Check this box if you ALREADY HAVE a charge account and wish to be billed for the above amount.

List all disposal facilities to which the applicant will deliver solid waste and the expected amount to be delivered:

Facility (Name and location)	Type of waste (MSW, C&D, Sludge)	Est. Amount (Tons)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Types of Generators Served:

- Residential Institutional Commercial Municipal Industrial
 Other _____

Service Provided

- Container Program Solid Waste (**Trash Tag must be included with Application**)
 Dumpster Service Source Separated Food Waste Odd Job Clean Up
 Tire Pickup Service (Attach a copy of your NYS 364 Transporter permit)
 Public Trash Collection (check only if you are a City, Town, Village, School, etc.... hauling for same)

Please affix Trash Tag here. (For more information visit www.recycletomkins.org/trash/trash-tags/)

List and describe all transfer or interim storage facilities used by the applicant in relation to the collection or hauling of solid waste generated or originated, or brought within the County, and list all applicable NYSDEC Permit numbers (please attach pertinent documentation):

List the names, addresses and phone numbers and contact persons for all sub-contractors used by the applicant:

Has the applicant, any owner, partners, directors or officer ever been convicted of a misdemeanor or felony violation of any federal, state or local law pertaining to the collection or disposal of solid waste?

- Yes No

Has the applicant, any owner, partners, directors or officer ever had a license issued pursuant to Chapter 140, Article III of the Tompkins County Code, or any other solid waste law suspended or revoked?

- Yes No

If you answered yes to either question above, please state details below:

Signature

The application must be signed by the owner, if applicant is a sole proprietorship; by a partner, if applicant is a partnership; or by an authorized officer, if applicant is a corporation.

Fees

Applications shall be submitted with required license fees of \$100.00 plus \$25.00 for each vehicle sticker. License stickers shall be displayed on the left side of the vehicle, near or on the driver's side door.

Renewal

When applying for a renewal of a solid waste license, a new application shall be completed. The annual renewal application must be completed and returned to the Department of Recycling and Material Management by **April 15th, 2025** to assure that the application will be processed prior to the expiration of the current license. All Licenses regardless of date of issuance expire the following April 30th.

Submittals

Return applications, along with all the requested information and attachments to:

Leo Riley, Director
Tompkins County Department of Recycling and
Materials Management
122 Commercial Ave.
Ithaca, NY 14850 607 – 273 – 6632

The undersigned certifies on behalf of the applicant that the information contained in the application is true and correct. The undersigned further certifies that applicant is fully aware of the regulations for use of the Recycling and Solid Waste Center. The applicant agrees that he/she will be responsible for returning the license and removing license stickers if vehicle(s) is/are transferred or applicant no longer conducts business subject to license in Tompkins County. The undersigned further certifies that he/she is aware of the entire requirements pertaining to Chapter 140, Article III of the Tompkins County Code.

Nonassignability of License. A solid waste license is not assignable. Any licensee who allows its solid waste license to be used by any other person and any person who uses a solid waste license granted to any other person shall each be in violation of the Rules and Regulations of Chapter 140 Article III of the Tompkins County Code, and subject to the penalties set forth therein.

In consideration of the issuance of the license(s) described within this application, the applicant agrees to pay any charges, together with a service charge computed at one and one-half percent per month on all delinquent accounts (Delinquent Account - any amount owed after 30 days from the date of solid waste disposal or recycling drop-off at the Tompkins County Recycling and Solid Waste Center), for recycling or solid waste fees incurred by vehicles displaying said license.

Print name and title of person signing on behalf of the applicant:

NOTICE
(Penal Law, Sec. 210.45)

It is a crime, punishable as a Class A Misdemeanor under the Laws of the State of New York, for a person, in and by a written instrument, to knowingly make a false statement, or to make a statement which such person does not believe to be true.

I _____ affirm under penalty of Law that the statements and facts contained within this document are true and correct.

Owner / Applicant signature _____ Date _____
(Circle one)

(Title)

(Name of business)

Approved by _____
Leo Riley, Director of Recycling and Material Management

Please list all vehicles to be covered under your license application*

Your application will not be processed without this information.

Fleet #	Plate #	Vehicle Make	Year	Type	Color	Vin #	Exp Date	Unl. Weight	TC # County Use

***You may send in a copy of the registration in lieu of this form.**

- Fleet # - The number assigned to this vehicle by you/your organization. N/A if it doesn't apply
- Plate # - The license plate number issued to this vehicle.
- Vehicle Make - The manufacturer of the vehicle (i.e. Mack, International etc...)
- Type - Is the vehicle a packer or a pick-up truck or anything in between?
- VIN # - Vehicle Identification Number. This number can be found on the registration, and, on the vehicle – usually under the bottom part of the windshield on the driver's side.
- Exp Date - The registration expiration date. The date may be verified from time-to-time at the weight station or by County Enforcement Personnel.
- Unl. Weight - The unladen weight listed on the registration.
- TC # - The license number assigned to this vehicle by the Department of Recycling & Materials Management.