CITY OF PLATTSBURGH
CLINTON COUNTY, NY

Instructions: 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

Crime (s)	**Date (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? ( ) Yes ( ) 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

Public Liability in the amount of $1,000,000: **( ) Yes ( ) 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**

*****License fee $1000.00 per vehicle/per calendar year.** 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: _____
License Issued By: _____ **Date:** _____