PLEASE TYPE OR PRINT CLEARLY

OFFICE OF THE TOWN CLERK WASTE REMOVAL PERMIT APPLICATION ADDENDUM FOR TYPE I PERMITS

AUDREY AVENUE, OYSTER BAY, NEW YORK 11771 TELEPHONE: (516) 624-6322

ALL INFORMATION MUST BE COMPLETED

To be completed by applicants for Type I Permits only.

	he business of collection, transportation and/or disposal of solid waste.
THE STATE OF THE S	
0. 14 in manufacture	
the Town. So porated area and address	ed that you list your proposed daily route for each area to be serviced within uch route description should include a listing of all incorporated and unincors with a description of the street boundaries for each area serviced or the name of each customer serviced. te sheet if necessary)
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sheet if r	provide a complete list of the names and addresses of all employ necessary)	
AND DECEMBER OF THE PARTY OF TH		
17.		

4. Applicants must provide a certificate of insurance indicating proof of the following insurance coverage: Public liability insurance with minimum limits of \$250,000 for each person; \$500,000 for each accident. Property damage insurance with minimum limits of \$100,000, subject to limit of \$50,000 for any one accident.

TOWN OF OYSTER BAY 2002 WASTE REMOVAL PERMIT APPLICATION RECYCLING ADDENDUM

(must be notarized)

NAME OF APPLICANT (if corpo	ration, pa	artnership,	etc., st	ete name o	ıf
business):				
ADDRESS:					
PHONE:()					
1. Have you recycled any so	lid waste	within the	Town of		
Oyster Bay within the pro	evious yea	YES	NO		
If yes, specify:					v.
TON	S OR POUNT	S PER YEAR		FIRM TO IAL IS SO	
ITEM		POUNDS			PICKED UP
Aluminum					
Other Metals					
Newspapers	26 2000 - 10				
Glass			7		
Cardboard		1			
Leaves or other vegetation (for composite					
Office paper(white)					
Office paper (colored)					
Office paper (computer)					
Plastics					
Tires					
Waste motor oil					
Consumer batteries					
Motor vehicle batteries	5				
Other (specify)*					
Other (specify)*					
Do you plan any recycl	ing durin	g 2002			
			YES	NO	UNSURE
Do you separate these ma require customers to do	terials f	rom the wa	ste streem	yourself	or do you
	YOURS	ELF CUS	TOMERS	COMBINATI	ON OF BOTH
USE ADDITIONAL SHEETS IF NE	CESSARY				174
		Si	gnature of	Applican	t
		2200000			
Subscribed and sworn to befo	re me	Pr	int Name a	nd Title	
Notary Public		Da			
Seal or Stamp must be affix	ed to each	n original) ::		