



Town of Greenwich
Department of Public Works, Waste Disposal Division
Holly Hill Resource Recovery Facility, Holly Hill Rd., Greenwich, CT 06830
Phone 203-869-6910 - Fax 203-618-0653

Signature required
Type online, print & sign

Application no. _____

Application for License to Collect and Transport Refuse

Answer all questions fully

To the Commissioner of Public Works:

Pursuant to the provisions of the Refuse Section of the Sanitary Code of the Town of Greenwich, the undersigned herewith applies for a license to engage in the business of transporting refuse. If license is granted, I agree to abide by all provisions of the said Sanitary Code, including starting hours.

1. Applicant Name _____ Soc. Sec. No. _____
Last First MI

2. Birth date _____ Birthplace _____ Home Tel. _____

3. Home Address _____
Street City/Town State Zip Code

3a. Other home addresses in past 5 years _____

4. Name of Business _____ IRS Tax # _____

5. Business Address _____
Street City/Town State Zip Code

6. Business Tel. _____

7. Business is operated as a: Sole proprietorship Partnership Corporation

If business is operated as a partnership, list:

8a) Names, dates of birth, home and business addresses of all owners and partners, including limited and general partners:

8b) Names, dates of birth, home and business addresses of all persons receiving or entitled to receive a percentage of the partnership profits, and the actual percentage that each is entitled to receive:

If business is operated as a corporation, list:

9a) Names, dates of birth, home and business addresses, and percentage of ownership of all officers and directors:

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9b) Title of each officer:

9c) Names, dates of birth, home and business addresses, and percentage of ownership of any person owning, holding or controlling more than ten percent (10%) of the stock of such corporation other than the above officers and directors:

10. If the answer to any portion of 8a, 8b, 9a, or 9c is a corporation, list the names and titles of each of the officers and directors of such corporation, as well as their dates of birth, home and business addresses, and percentage of ownership of such corporation. Also list any other person owning, holding or controlling ten percent (10%) or more of the stock of such corporation:

11. If any of the persons listed in 8, 9, or 10 above hold such ownership in trust for or otherwise for the benefit of any person, partnership, association, corporation or other like entity, list such person, the name of such other person or entity for whom such ownership is being held, his home and business addresses, and percent of ownership being so held:

12. Have you, a member of your firm, a director or officer of your corporation, a stockholder owning, possessing or controlling ten percent (10%) or more of the stock of your corporation, any person listed in the answers to questions 8 through 10 above, or any member of your family ever been arrested, whether convicted or not, for any reason other than a minor traffic violation?

Yes No

If yes, state particulars: charge; court; date; disposition for each offense:

13. Sections of Town served:

14. Number of Accounts:

Commercial (list them):

Residential (list them):

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INSURANCE

Truck Liability:

Named Insured _____

Insurance Company _____ Insurance Agent _____

Address _____ Tel. _____

Amount _____ Policy No. _____ Expiration Date _____

Public Liability:

Named Insured _____

Insurance Company _____ Insurance Agent _____

Address _____ Tel. _____

Amount _____ Policy No. _____ Expiration Date _____

Workman's Comp.:

Named Insured _____

Insurance Company _____ Insurance Agent _____

Address _____ Tel. _____

Amount _____ Policy No. _____ Expiration Date _____

MINIMUM LIMIT OF LIABILITY - GENERAL AND AUTOMOBILE

Bodily Injury: \$100,000 each person
\$300,000 each occurrence

Property Damage: \$50,000 each occurrence
\$50,000 aggregate

Permission is hereby granted to the Town of Greenwich to investigate fully any information needed by the Town of Greenwich in order to process this application. A license will not be granted without a satisfactory clearance from the Town of Greenwich.

Applicant Signature _____

NOTICE

Any person making a false statement under oath, in addition to having his license declared void, is guilty of a crime punishable by imprisonment of up to one year and a fine of up to \$1,000.00.

State of Connecticut

SS: Greenwich _____ 20 _____

County of Fairfield

Subscribed and sworn to, before me on this _____ day of _____ 20 _____

Notary Public

Authorization to Release Records

I, the undersigned, hereby authorize you to release to the Greenwich Police Department any and all records that you may have concerning me, my reputation, character, and general fitness; to include but not limited to criminal and motor vehicle arrests, or any information of a confidential nature.

I hereby absolve and release you from any and all liability, damages, court or civil action, by complying with my request.

Full Name _____

Date of Birth _____

Address _____

Witness _____

Date _____