

PERMIT # _____

DATE ISSUED _____

TOWN OF STONY POINT
74 EAST MAIN STREET
STONY POINT, N. Y. 10980

APPLICATION FOR SANITATION PERMIT

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

TELEPHONE NO: HOME: _____ BUSINESS: _____

NAME & ADDRESS OF FIRM APPLICANT REPRESENTS: _____

DESCRIPTION OF VEHICLE TO BE USED: YEAR: _____ MAKE: _____

MODEL: _____ COLOR: _____ LICENSE NO: _____ STATE: _____

NAMES OF OPERATOR'S DRIVING VEHICLE AND OPERATOR'S LICENSE NO.:

ATTACH COPIES OF THE FOLLOWING INSURANCES:

1. WORKER'S COMPENSATION
2. DISABILITY
3. LIABILITY

INSURANCE CARRIER: _____

PURSUANT TO LOCAL LAW #5 OF 2004 COLLECTION HOURS ARE PROHIBITED BETWEEN THE HOURS OF 5:00 P.M. AND 5:00 A.M. OF THE FOLLOWING DAY FOR GARBAGE OR TRASH AND BETWEEN THE HOURS OF 6:00 P.M. AND 6:00 A.M. OF THE FOLLOWING DAY FOR RECYCLABLES.

NOTE: If Applicant is other than owner, a letter of authorization from the firm must accompany this application.

SIGNATURE OF APPLICANT

