



WESTCHESTER COUNTY DEPARTMENT OF HEALTH
BUREAU OF ENVIRONMENTAL QUALITY
APPLICATION FOR REFUSE COLLECTION

FACILITY INFORMATION:

WCDH Facility Number:

Business Name:

Business Telephone:

Business Address:

Email:

WORKER'S COMPENSATION INFORMATION:

Company:

Policy #:

Expiration Date:

DISABILITY BENEFITS:

Company:

Policy #:

Expiration Date:

Note: A current certificate of insurance, naming the Westchester County Department of Health, the certificate holder, is required to be submitted with this application.

FACILITY OWNER INFORMATION:

Owner's Name

Owner's Telephone

Mailing Address:

Email:

DISPOSAL INFORMATION:

Location of Truck Depot(s):

Names of Disposal Sites:

Disposal Sites Operated by:

New York State Department of Environmental Conservation # (if applicable):

TYPE OF WASTE (please check all applicable):

Residential

Regulated Medical/infectious

Commercial

Construction Demolition

Industrial

Meat

Other Please indicate: _____

Under the provisions of Chapter 873, Article VIII, Sections 873.735, 873.734 and Article XXI, Section 873.2110.1 of the Laws of Westchester County, an application is hereby made for a permit to engage in the business of removing, collecting and transporting offensive material within the County of Westchester. It is understood and agreed that failure to comply with the terms and conditions of the permit herein applied for, or with the provisions of the Westchester County Sanitary Code or any applicable municipal, county, State or federal ordinance, law or regulations, shall be cause for the suspension of such permit by the Commissioner, or the revocation of such permit by the Commissioner after due Notice.

Signature of Owner or Authorized Representative, Title

Date Signed

Notary Public Stamp

HAULING EQUIPMENT (provide information for each vehicle in operation):

MAKE & YEAR	BODY TYPE	VIN#	LICENSE PLATE & STATE	CAPACITY CUBIC YARDS
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signature of Owner or Authorized Representative, Title

Date Signed