



27138 NYS ROUTE 12
WATERTOWN, N.Y. 13601
(315) 785-9072
FAX (315) 785-9115

JEFFERSON COUNTY DEPARTMENT OF RECYCLING AND WASTE MANAGEMENT

Application approval takes 5-7 business days.

Before returning your Commercial Waste Permit Application, please use the following checklist to ensure submission of all required information.

_____ Commercial Waste Permit Application

_____ \$100.00 Permit Fee

_____ "Certificate of Insurance" for General Liability Coverage*

_____ "Certificate of Insurance" for Automobile Liability Coverage*

_____ "Certificate of Insurance" for Workers' Compensation Coverage**

_____ Copies of Vehicle Registrations

*Insurance cards, binders, declaration page, or postings are not acceptable.

**If not required to carry Workers' Compensation, Form CE-200 must be submitted.



JEFFERSON COUNTY COMMERCIAL WASTE PERMIT APPLICATION

Instructions: Please complete all applicable sections and return with a **\$100** check payable to "Jefferson County Treasurer" and all supporting documentation to: Director, Jefferson County Department of Recycling and Waste Management, 27138 NYS Rt. 12 Watertown, NY 13601.

PART I

<p>Waste Collector/ Contractor Name _____</p> <p>Address _____ _____</p> <p>Contact Person _____</p> <p>Phone Number _____</p> <p>Type of Customer Served in Jefferson County (check applicable box; complete section):</p> <p>____ Residential: Complete Section A</p> <p>____ Commercial: Complete Section B</p> <p>____ Industrial: Complete Section C</p> <p>____ Haul Own Waste Only: Complete Section D</p>	<p style="text-align: center;">COUNTY USE ONLY</p> <p>Permit # _____</p> <p>Date Issued _____</p> <p>Fee: ___ Yes ___ No</p> <p>Special Conditions: ___ Yes ___ No</p> <p>RECORD OF VIOLATIONS:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Date</th> <th style="text-align: left; border-bottom: 1px solid black;">Violation</th> <th style="text-align: left; border-bottom: 1px solid black;">Action</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Date	Violation	Action																		
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SECTION A: RESIDENTIAL WASTE COLLECTOR

Municipalities (if partial, submit route map)	# of Households	Frequency/Day of Collection	Recyclables (R), Waste (W), or Both (B)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

For Additional Routes, Attach Additional Pages and Use Same Format

SECTION B: COMMERCIAL WASTE COLLECTOR

Business Name (or submit route map with customers marked)	Frequency/ Day of Collection	Recyclables (R), Waste (W), or Both (B)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
For Additional Businesses, Attach Additional Pages and Use Same Format		

SECTION C: INDUSTRIAL WASTE COLLECTOR

Business Name	Description of Waste	Frequency/Day of Collection	Recyclables (R), Waste (W), or Both (B)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
For Additional Businesses, Attach Additional Pages and Use Same Format			

SECTION D: SELF—HAULER

Description of Waste	Frequency/Day of Collection	Recyclables (R), Waste (W), or Both (B)

PART II VEHICLE DATA

License #	Make	Year	Type	Color	Cubic Capacity	COUNTY USE ONLY Sticker # Issued
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

For Additional Vehicles, Attach Additional Pages and Use Same Format

PART III

<p>Please submit the following documentation:</p> <ol style="list-style-type: none"> 1. Proof of valid NYS registration for each vehicle. 2. Proof of Workers' Compensation Insurance as required by law. 3. Proof of insurance coverage as required by Jefferson County's Local Law No. 2 of 1991. 	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding-bottom: 5px;">COUNTY USE ONLY</th> <th style="text-align: center; padding-bottom: 5px;">Yes</th> <th style="text-align: center; padding-bottom: 5px;">No</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">NYS Registration</td> <td style="text-align: center; padding: 5px;">_____</td> <td style="text-align: center; padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">Workers' Compensation</td> <td style="text-align: center; padding: 5px;">_____</td> <td style="text-align: center; padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">Insurance Certificate</td> <td style="text-align: center; padding: 5px;">_____</td> <td style="text-align: center; padding: 5px;">_____</td> </tr> </tbody> </table>	COUNTY USE ONLY	Yes	No	NYS Registration	_____	_____	Workers' Compensation	_____	_____	Insurance Certificate	_____	_____
COUNTY USE ONLY	Yes	No											
NYS Registration	_____	_____											
Workers' Compensation	_____	_____											
Insurance Certificate	_____	_____											

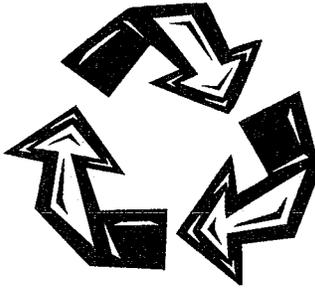
PART IV CERTIFICATION

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS AND ALL ATTACHED DOCUMENTS, AND THAT BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THIS INFORMATION, I BELIEVE THAT THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I CERTIFY THAT NO PROHIBITED WASTES AND NO WASTES GENERATED OUTSIDE THE COUNTY OF JEFFERSON WILL BE DELIVERED IN MY VEHICLE(S) TO ANY SOLID WASTE FACILITY OWNED OR OPERATED BY THE COUNTY. I AGREE TO INDEMNIFY AND HOLD HARMLESS THE COUNTY FROM ANY LIABILITY ARISING FROM THE DISPOSAL OF SUCH WASTES DELIVERED BY MY VEHICLE(S). I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINES AND IMPRISONMENT.

Print/Type Name _____ Title _____

Signed _____ Date _____

Permit: 82791



**JEFFERSON COUNTY
COMMERCIAL WASTE PERMIT INSURANCE REQUIREMENTS**

The "**Certificate(s) of Insurance**" to be filed with the application shall be executed by the representatives of an insurance company duly authorized and qualified to do business in the State of New York, evidencing that said insurance company has issued liability and property damage insurance policies covering the following: (a) all motor vehicles owned or operated by the applicant or any other person, firm, or corporation employed by the applicant, and (b) general liability protection covering applicant's business operations and premises protecting the public and any person from personal injuries or property damages sustained by actions or omissions of the applicant, his or her agent, and employees.

The "**Certificate(s)**" shall specifically evidence the following amounts of insurance coverage which shall remain in effect for the term of the permit and shall provide that written notice shall be given to the Director at least thirty (30) days prior to any change in the conditions of the certificate or any expiration or cancellation thereof:

Automobile Liability Insurance - per person \$100,000, per accident \$300,000; and property damage - per accident \$50,000;

General Liability Insurance - \$500,000.

A "**Certificate of Insurance**" for **Workers' Compensation Insurance** OR Workers' Compensation Board Form CE 200.

If the applicant is **not required** to carry Workers' Compensation Insurance under the laws of the State of New York, Form CE-200 must be completed by the applicant. For more information contact the Workers' Compensation Board at (866) 546-9322 or visit the website at www.wcb.ny.gov.