Warren County Department of Public Works



Waste Hauler Permit Application for Collection and Transportation of Solid Waste and Recyclable Materials in Warren County

Please return completed application and direct questions to:

Warren County Department of Public Works Solid Waste and Recycling Program 4028 Main Street Warrensburg, NY 12885

Phone: (518) 824-8839 Fax: (518) 623-2772

To be completed by WCDPW Staff

Transporter/Col	llector Name:		
	Reviewed By:	Date:	
	Approved By:	Date:	
	Fee Paid /Check #:		
	Permit Issued Date:		
Permit #:	Expiration Date:	# of Stickers Issued:	

Dear Applicant,

Pursuant to Local Law #3 of 1991 of Warren County and in accordance with Title 1 & 3, Article 27 of the New York State Department of Environmental Conversation, and the Warren County Solid Waste Management Plan, any organization that transports waste generated or disposed of within Warren County must obtain a permit from the Warren County Department of Public Works on an annual basis. An application or renewal may be denied by the Department for the failure of the applicant to properly complete the annual report as provided. In order to obtain a valid permit and permit stickers, this application must be completed in its entirety and returned to the Department for approval, along with the annual fee of \$ 200.00 by certified check or money order made payable to the Warren County Department of Public Works. This fee covers a permit sticker for one vehicle. Additional stickers will be provided for \$100.00 for each truck.

Once the Certificate of Registration and permit stickers are obtained, the stickers must be displayed prominently on each of the permitted vehicles (driver's side door). Failure to comply with all sections of the Local Law #3 of Warren County will result in permit(s) being revoked, enforcement actions pursued and penalties incurred. Permits will expire on December 31 of the issuing year. Renewal applications received after January 15th, will be subject to a late fee of \$50.00. Please be advised, as a condition for the permit, the Warren County Department of Public Works shall require the transporter to complete the quarterly report forms, including volumes and nature of waste products, including recyclables, disposed of and the place and manor in which waste products were finally disposed, and such other information the Department may require. Failure to submit such information shall result in the automatic denial of the permit application. The information requested in this application is to allow Warren County to properly gauge the size and nature of its solid waste stream, waste generated or disposed of in Warren County, and to assess the type and variety of services available to manage it is required by the New York State Department of Environmental Conservation in accordance with the New York State Solid Waste Management Act of 1988.

A list of permitted haulers will be posted on the County website every April. Should you have any questions in filling out this application (including the quarterly report), or require additional information, please feel free to contact this office.

Sincerely,

Kevin J. Hajos P.E. Superintendent of Public Works

Instructions for acquiring a waste hauler permit to collect and transport Solid Waste and Recyclable Materials in Warren County

The attached annual application for a permit should be completed in its entirety and returned to this department on or before January 15 of each year and include the following:

- Completed permit application for Collection & Transportation of Solid Waste and Recyclable Materials in Warren County.
- Completed Quarterly Report forms based on the previous three months of business. Haulers subject to this regulation shall submit quarterly reports to the Department on forms approved by the Superintendent. Reports shall cover a time period from Jan 1 to March 31, April 1 to June 30, July 1 to September 30 and October 1 to December 31 and shall be received by the Department within thirty (30) days after period end.
- A Certified Check or Money Order made payable to the Warren County Department of Public Works in the amount of \$ 200.00, plus \$100.00 for each additional vehicle.
- For new applications only: If the business is a corporation, a copy of the Certificate of Incorporation, if a sole proprietorship, a copy of the Certificate of Business or if a partnership, partnership papers need to be attached, signed and notarized.
- Proof of insurance for each vehicle for which a permit sticker is requested, proof of Workman's Compensation and Disability Benefits Insurance (forms C-105.2 and DB-120.1) If such insurance coverage is not required, WC/DB CE-200 exemption (see attachment 1) certificate must be submitted with this application. ACORD forms are not acceptable.
- Copy of valid Waste Transporter Permit from the NYS DEC (applicable to haulers of Regulated Medical/Infectious Waste)
- The attached "Notarized Certificate of Applicant" must be completed, signed and notarized.

The completed application should be returned to the: Warren County Department of Public Works 4028 Main Street Warrensburg NY 12885

If requesting a renewal, failure to return completed application may result in a lapse of your permit. In the future, at the discretion of the Department of Public Works, arrangements may be made for an inspection of your vehicle (s). Please note that the following items would be inspected:

- The vehicle containers must prevent the loss or discharge of offensive material during transportation.
- The identification of the owner of the vehicle or the business name and address must be clearly posted on both sides of the vehicle.
- The Warren County Permit sticker is to be displayed prominently on each truck or vehicle registered.
- All materials must be collected, stored and transported properly separated in accordance with the Local Law #2 of 1991 of Warren County.

Please contact Kevin Hajos at (518) 824-8834 if further information is required. Your cooperation is greatly appreciated.

Waste Hauler Permit Application for Collection and Transportation

of Solid Waste and Recyclable in Warren County

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 1^{st} Time Applicant \Box

Renewal Application

SECTION 1 – IDENTY of APPLICANT / BUSINESS

Name of Applicant/Business:
Name of Owner:
DBA (if different from above):
Trade Names (if different from above):
Business Address: (Official business address as listed in Certificate of Incorporation or DBA)
Mailing Address:
Is Business or Mailing address a residence:YesNo
Location of Vehicle Garage:
Business Phone #: ()
Business Fax #: ()
Cell Phone #: ()
24 hr Emergency #: ()
Email Address:
Website Address:
Designated employee/officer of Applicant/Business for communication with Warren County Department of Public Works:
Name:Title:
Telephone #: ()
Alternate Designee:
Name:Title:
Telephone #: () Fax #: () Cell #: ()

SECTION 2 – TYPE OF BUSINESS

Type of Business or Organization: (check those that apply)

Corporation (specify type/state of incorporation):	
Partnership (specify type):	
Sole Proprietorship:	
Municipality:	
Date of Organization:	
Business Identification Number:	
	(Federal or State)

New Applicants Only:

Attach a notarized Certificate of Business if a sole proprietorship, the partnership papers if a partnership; or the Certificate of Incorporation if a corporation

List the names and position/title of any other officers, directors, partners, and responsible managerial employees and/or agents of applicant:

Principal Name	Title/Position	Contact Phone #

SECTION 3 – OTHER LICENCES & PERMITS

If Applicant is or has been licensed or permitted to provide services as a waste hauler in any jurisdiction other than Warren County, New York, during the last five (5) years:

or

If material is to be disposed of in another jurisdiction, a copy of the license/permit from that jurisdiction must be provided.

PLEASE PROVIDE A COPY OF LICENSE (S) AND/OR PERMIT (S), and fill in below:

Jurisdiction	Date of Issuance	Expired / Current

Use additional paper if needed

If Applicant's license or permit to provide services as a waste hauler in any jurisdiction, other than Warren County, New York, was terminated, revoked, suspended or otherwise discontinued during the last five (5) years, please specify the jurisdiction and circumstances surrounding each such incidence; include copies of any final determination issued by such other jurisdiction's licensing/permitting agency. (fill in below)

Jurisdiction	Date	Circumstances/Determination

Use additional paper if needed

SECTION 4 – VEHICLE IDENTIFICATION

Please list all equipment used in the collection and transportation of waste by your company in Warren County. Identify all vehicles by vehicle identification number (VIN), owned, leased, operated or controlled by the applicant which will be used in connection with the permitted activities. (i.e. the collection, storage, transfer, transportation, processing or disposal of solid waste, septic/sludge, garden and yard waste, construction and demolition debris, tires and/or recyclables generated, originated or brought within the County)

Please note: Vehicle Disclosure is required for all vehicles except trailers. Proof of insurance is required for all vehicles receiving permit stickers.

Vehicle List

Year, Make & Model	State	License Plate	Capacity	DEC Reg. #	VIN	Specify Type
			Han addir	tional paper if ne	 	

Use additional paper if needed

SECTION 5 - INTENT

Please describe, in dissuance of a permit		of the waste	hauler services which	ch applicant will provide upon
SECTION 6 - Days	s and Hours of	Oneration		
(check all that apply			on, circle am/pm)	
,		•		
	_ Monday		am/pm to	
	_ Tuesday		am/pm to	
·	_ Wednesday Thursday		am/pm to am/pm to	
	_ Friday		am/pm to	
	_ Saturday		am/pm to am/pm to	
	Sunday		am/pm to am/pm to	
SECTION 7 – WOI	RKERS COM	PENSATIO	N & DISABLITY	
Benefits coverage rec	quired by law: (Attach copie	es. ACORD Forms	s Workers' Compensation & Disability are NOT acceptable. Acceptable for CE-200 – attachment 1)
Workers' Compensat	ion Carrier :			
Workers' Compensat	ion Policy#:_			Exp. Date:
Disability Benefits C	arrier :			
Disability Benefits Po	olicy # :			Exp. Date:

-or-

Workers' Compensation Board has endorsed Exemption Form **CE-200** stating that such coverage is not required. Follow directions to obtain Attestation of Exemption Form (**Attach signed and dated copy**)

SECTION 8 – Physical	1/ Chemical Nature of Waste H	andled (check all that apply)		
Municipal	Solid Waste	Septage/Sewage/Sludge		
Comingled	l Glass/Plastic/Cans	Medical Waste		
Paper/Card	dboard	Hazardous Materials/Chemical		
Constructi	on & Demolition	Tires		
Yard Wasi	ee	Waste Cooking Oil		
Food Was	te	Scrap Metals		
Grease Tra	np Waste			
Other (pleas	e explain):			
	owns do you Service in Warren Glens Falls Hague	County? (check all that apply) HoriconJohnsburg		
Bolton Chester	Glens FallsHague	HoriconJohnsburg		
Lake GeorgeLak	e LuzerneQueensbury	Stony CreekThurman		
Warrensburg				
SECTION 10 - Whic	h Type of Service Do You Prov	ide? (check all that apply)		
Residential		Commercial/Businesses		
Public Insti	tutions	Government / Municipalities		
Bulk Pick-	Up	Roll-Off Service		
Drop Off C	Center Center	Other (please explain)		
SECTION 11 – Collect	ion Frequency (fill in all that ap	oply) ie: once a week, twice a month, as needed		
Type of Account	Col	lection Frequency		
esidential				
Commercial / Businesses				
tublic Institutions Sovernment / Municipalities				
Government / Municipalities				
Sulk Pick-Up				
Coll Off Service				
Orop Off Center				

SECTION 12 – DISPOSAL OF WASTE

Please indicate by disposal site, the amount of materials collected in Warren County in 2024, by the weight (tons) or volume (cubic yard or gallons), by type, hauled by the Applicant to each and every disposal location, transfer station, collection or processing facility during the last calendar year.

Use separate page for each disposal site (make copies as needed)

For Year of: $1/1/2024 - 12/2024 - $	31/2024		
Disposal Site:			
Address:		State:	Zip:
Phone #:		Fax #:	
Contact Person:		Title:	
Type of Facility: (check all that Transfer Station		Processing Facility	Disposal Site
Method of Weight or Volume Please describe the method by v		ne (tonnage, gallons or cub	ic vards) amount in the
previous sections of this applica	•	· · · · · · · · · · · · · · · · · · ·	• /

Type of Waste Disposed	Total Weight or Volume Specify Tons, Gallons, or Cubic Yards	Disposal Site	Fees for Tipping or Disposal (ie: \$\$ per gallon, Cont., CY or Ton)
Municipal Solid Waste			,
Glass			
Plastic			
Cans			
Comingled Glass/Plastic/Cans			
Paper			
Cardboard			
Mixed Paper/Cardboard			
Single Stream			
Food Waste			
Yard Waste			
Scrap Metal			
Tires			
Construction & Demolition			
Wood			
Asphalt			
Concrete/Rock			
Other C & D			
Medical			
Hazardous/Chemical			
Waste Cooking Oil			
Grease Trap Waste			
Used Motor Oil			
White Goods			
Electronics			
Septage/Sewage/Sludge			
Other: (explain)			

(Make copies of this page if more than one disposal facility is used)

SECTION 13 - CERTIFICATION

By signing and submitting this Application, I hereby request that the Corporation, Municipality, or Person named in Section 1 be granted a permit by the County of Warren for the Transportation of Source Separated Waste Material and Recyclables in accordance with the Warren County Department of Public Works.

		fy the information contained herein before and after nation will be grounds for the denial or revocation of said
I under	stand that	shall be granted permission to collect,
_	rt or dispose of source separated waste ng conditions:	and recyclable material in Warren County under the
	Vehicles are maintained in a clea loss or discharge of offensive ma	n, sanitary and leak-proof condition to prevent terial during transportation;
	The identification of the owner o clearly posted on both sides of th	f the vehicle or the business name and address is e vehicle;
>	Current permit is prominently dis	played on the vehicle (s) at all times;
	All source separated waste and reclosed truck;	ecyclable materials are covered or maintained in a
		I and transported properly separated in accordance 91 of Warren County pertaining to waste hauling ren County.
	rules and regulations. Failure to c	ny/all state and local laws, ordinances, codes, comply with Local Law #2 and #3 of 1991 of r permit (s) being revoked, enforcement actions
Signed:		Date:

SECTION 14 – NOTARIZED CERTIFICATION

Notarized Certificate of Applicant

This certification must be completed and executed, individually, by the person completing the application on behalf of the Applicant and shall be notarized.

State of New York County of Warren				
I,	, b	eing duly swo	rn, state that I am the	
(Name of person executing app	lication)	<i>8 3</i>	rn, state that I am the	(Title)
(Title) been duly authorized to comp	ofof	(Applic	ant or Business)	and that I have
been dury authorized to comp	nete and execute t	шіз аррпсацоі		(Applicant)
I,(Name of person executing ap		hereby certify	that I have read and unde	erstand the
(Name of person executing ar instructions and the questions	oplication) s set forth in this a	application; and	d	
that to the best of my knowled full, complete and truthful, ar diligent search of all business that I understand the that War	nd has been prepar and other records	red based upor s in my posses	n my personal knowledge sion and control; and	e, as well as
necessary and appropriate, de and that I understand that the War		·		
	(Applicant)			
information provided herein, process.				rerification
(Signature)	(Title)			
(Print or Type Nar	me)			
			Sworn to before me this of	
			(Notary Pu	ublic)