



Application for Town of Greece Solid Waste Collection License

To the Applicant:

Please Complete the Information requested in paragraph A.

A. Company Name: _____
Address: _____
Daytime Phone: _____
Corporation: _____ Partnership: _____ Individual: _____
Truck Number: _____
Make & Year of Truck: _____
N.Y.S. License # _____
Make of Packer: _____

B. Inspected by DPW:

Signature of Inspector
Date
Passed? Yes: _____ No: _____

Please present this completed application, together with the following Information, to the Town Clerks Office:

1. Name and addresses of all stockholders, directors or partners.
2. Route List.
3. Proof of access to a legal disposal facility.
4. \$5,000 bond
5. Proof of Insurance with Town of Greece

Date _____ License # _____ Fee \$ _____