

**DUTCHESS COUNTY  
SOLID WASTE DISPOSAL LICENSE APPLICATION**



**DUTCHESS COUNTY  
SOLID WASTE DISPOSAL LICENSE APPLICATION PACKET**

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## DUTCHESS COUNTY

### INSTRUCTIONS FOR COMPLETION AND SUBMISSION OF APPLICATION FOR A *DUTCHESS COUNTY SOLID WASTE DISPOSAL LICENSE*

1. The application forms must be completed in entirety, and the certifications signed by an officer or principal of the applicant (business/entity). All forms must be printed in ink or typed. Application forms may be mailed or hand-delivered to the Dutchess County Division of Solid Waste Management, 96 Sand Dock Road, Poughkeepsie, NY 12601
2. Each applicant must submit a license application fee based on the number of vehicles to be licensed in Dutchess County, per the schedule on the following page. The check should be made payable to: ***Dutchess County Commissioner of Finance***; and

Each applicant (business/entity) must submit payment for the investigation fee, along with the application fee. A background investigation will be conducted on **each** applicant (business/entity) and **each** principal. The current investigative fee for **each** applicant (business/entity) is \$250.00 and the fee for **each** principal is \$325.00. Please adjust the total to reflect each additional principal, if any. The check should be made payable to: ***Dutchess County Commissioner of Finance***.

For the definition of Principal, please see Local Law No. 3 of 2014 Dutchess County Solid Waste Materials Management and Licensing Rules and Regulations (Rules and Regulations): [www.co.dutchess.ny.us/CountyGov/Departments/SolidWasteMgmt/locallawthree.pdf](http://www.co.dutchess.ny.us/CountyGov/Departments/SolidWasteMgmt/locallawthree.pdf)

3. Each principal must be fingerprinted, per the instructions at the end of the application.
4. Applicants who require additional information or assistance may contact the Dutchess County Division of Solid Waste Management, telephone (845) 463-6020 between 8:00 a.m. and 4:00 p.m. or email: [solidwastemgmt@dutchessny.gov](mailto:solidwastemgmt@dutchessny.gov).

**PLEASE USE THE CHECKLIST AT THE END OF THE APPLICATION TO ENSURE YOU HAVE INCLUDED ALL THE REQUIRED MATERIALS**

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**FEE SCHEDULE**

<b>Number of Vehicles</b>	<b>Biennial Rate (2 year license)</b>
0 – 4 Vehicles	\$500
5 – 10 Vehicles	\$750
11 – 15 Vehicles	\$1,000
16 – 20 Vehicles	\$1,250
Over 20 Vehicles	\$1,500

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**SECTION A. CONDITIONS AGREEMENT**

Applicant (business/entity) Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Application Contact: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_  
(24 hours)

Emergency Contact Person Phone Number: \_\_\_\_\_

**LICENSE CONDITIONS:**

1. The only waste subject to this License and which may be delivered to Solid Waste Management-Resource Recovery Facilities in Dutchess County is non-hazardous solid waste.
2. Term: This license shall be effective for two years from the date of issuance subject to the Deputy Commissioner's right of revocation as set forth in the Rules and Regulations.
3. Vehicle identification stickers: Upon issuance of a solid waste disposal license, you will be issued a permit sticker for each vehicle listed within this application. The permit stickers identify your vehicles as permitted to haul and dispose of waste in Dutchess County. The permit stickers are issued yearly upon the receipt of the required forms, including an Annual MSW Report form and the annual Vehicle Information form.
4. Termination, Change, Transfer: It is understood and agreed that Dutchess County may, at any time, terminate this license in whole or in part, or otherwise change issued license conditions in accordance with provisions contained in the Rules and Regulations. This License cannot be transferred or assigned.

Authorized Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

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**SECTION B. GENERAL INFORMATION**

1. NAME OF APPLICANT (BUSINESS/ENTITY) \_\_\_\_\_
2. OWNERSHIP STATUS (please circle): Individual, Corporation, Partnership, or Other  
If 'Other,' please explain: \_\_\_\_\_
3. LIST OF ALL PRINCIPALS, AS DEFINED IN SECTION B (20) OF THE RULES AND REGULATIONS. ATTACH ADDITIONAL SHEETS IF NEEDED.

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4. LIST NAMES AND JOB TITLES OF ALL EMPLOYEES. ATTACH ADDITIONAL SHEETS IF NEEDED.

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5. LIST OF ALL THE APPLICANT'S (BUSINESS/ENTITY) TRADE AND ASSUMED NAMES AND COPIES OF ALL OF FORMATION DOCUMENTS AS AMENDED.

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6. LIST THE NAMES AND ADDRESSES OF ALL PERSONS HAVING A FINANCIAL INTEREST IN THE APPLICANT (BUSINESS/ENTITY) AND THE AMOUNT AND NATURE OF SUCH INTEREST.

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7. LIST THE AMOUNTS IN WHICH SUCH APPLICANT (BUSINESS/ENTITY) IS INDEBTED, INCLUDING MORTGAGES ON REAL PROPERTY AND NAMES AND ADDRESSES OF ALL PERSONS TO WHOM SUCH DEBTS ARE OWED.

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8. FEDERAL TAX IDENTIFICATION NUMBER FOR APPLICANT (BUSINESS/ENTITY)

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9. NEW YORK STATE SALES TAX IDENTIFICATION NUMBER FOR APPLICANT (BUSINESS/ENTITY)

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**SECTION C (1). CERTIFICATE OF AUTHORITY – Individual**

I, \_\_\_\_\_  
(Name)  
certify that I am the: \_\_\_\_\_ of  
(Title: owner, president, other)

\_\_\_\_\_  
(Name of Applicant (Business/Entity))

which is located at: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Address)

named in the foregoing application who signed the application on behalf of the applicant (business/entity).

\_\_\_\_\_  
(Signature)

STATE OF NEW YORK    )  
                                  )ss.:  
COUNTY OF DUTCHESS )

On the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, the undersigned, a notary public in and for said state, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is(are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
Notary Public





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**SECTION C (3). CERTIFICATE OF AUTHORITY – If a Corporation or LLC**

I, \_\_\_\_\_  
(Officer other than officer signing application)

certify that I am the \_\_\_\_\_ of  
(Title)

\_\_\_\_\_ a Corporation/LLC duly  
(Name of Applicant (Business/Entity))

organized in the State of \_\_\_\_\_ and in good standing under the  
(State)

\_\_\_\_\_ named in  
(Law under which organized)

the foregoing Application; that \_\_\_\_\_  
(Person Executing Application)

who signed said application on behalf of the Licensee was at the time of execution

\_\_\_\_\_ of the Applicant and I  
(Title of such person)

further certify that said application was duly signed for and on behalf of said applicant with full authority, and that such authority is in full force and effect at the date hereof.

\_\_\_\_\_  
(Signature)

STATE OF NEW YORK )

)ss.:

COUNTY OF DUTCHESS )

On the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, the undersigned, a notary public in and for said state, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is(are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
Notary Public

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**SECTION D. ACTIVITIES**

1. If Applicant is or has been licensed to provide services as a hauler of solid waste or recyclables in any jurisdiction other than Dutchess County, New York, during the last five (5) years, **PLEASE PROVIDE COPY OF LICENSE(S)** and specify below: the jurisdiction(s); the date of issuance of all such licenses; and the Applicant's current licensing status in each such jurisdiction.

Jurisdiction	Date of Issuance	Current status (active or expired)

2. If Applicant's license to provide service as a hauler of solid waste or recyclables in any jurisdiction, other than Dutchess County, New York, has been terminated, revoked, suspended, or otherwise discontinued during the last five (5) years, please specify below the jurisdiction and the circumstances surrounding each such incident, **INCLUDING COPIES OF ALL FINAL DETERMINATIONS ISSUED** by such jurisdiction's licensing agency.

Jurisdiction	Circumstances

3. If you or any representative of your company has ever been denied a license to do business in any jurisdiction, other than Dutchess County, New York, please specify below the jurisdiction and the circumstances surrounding each such incident, **INCLUDING COPIES OF ALL FINAL DETERMINATIONS** issued by such jurisdiction's licensing agency.

Jurisdiction	Circumstances

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4. Please describe below, in detail, the nature of Applicant's activities as a hauler of solid waste and/or recyclables in Dutchess County, if any, during the past three calendar years.

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5. Do you hold any special waste hauling permits? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, **list and provide copies.**

<b>EXISTING PERMIT TYPE</b>	<b>ISSUING AGENCY</b>	<b>PERMIT NO.</b>	<b>TERM</b>

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**SECTION E. DUTCHESS COUNTY ANNUAL MSW REPORT**  
(if applicant collected MSW in Dutchess County in previous year)

Please indicate the time period: mm / yy to mm / yy .

Type of Waste	Total Tons Disposed		
	Landfill	Resource Recovery Facility	
<b>MUNICIPAL SOLID WASTE:</b>			
Garbage			
<b>RECYCLING:</b>	Total Tons	Disposal Site	
Single Stream			
Commingle			
Cardboard			
Paper/Fiber			
Food Waste			
Yard Waste			
<b>OTHER RECYCLING:</b>			
Scrap Metal			
Tires			
Hazardous/Chemical			
White Goods			
Sewage/Sludge			
Fluorescent Bulbs			
Electronics			
Textiles			
Other (specify):			
<b>CONSTRUCTION &amp; DEMOLITION DEBRIS:</b>	<b>TONS</b>		
	Recycled	Landfill	ADC (Alternate Daily Cover)
Wood			
Asphalt			
Concrete/Rock			
Other (specify):			

Please be careful not to report the tonnage for materials twice. If a breakdown is available for any single item, do not include it in another category.

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**SECTION F. VEHICLE INFORMATION**

<b>Vehicle (make &amp; model)</b>	<b>State license number</b>	<b>Vehicle capacity</b>	<b>Vehicle Identification Number</b>	<b>Vehicle type (see list below)</b>

- Vehicle Type (Power Units Only):**  
 PT = Packer Truck      FL = Front End Loader  
 SL = Side Loader Truck      RO = Roll-off Truck  
 DT = Dump Truck      RV = Recycling Vehicle  
 RT = Rack Truck      TT = Tractor (Trailer)  
 PU = Pick-up Truck      BT = Box Truck  
 C = Compactor Truck

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**SECTION G. INSURANCE REQUIREMENTS:**

1. The Applicant shall provide proof of and maintain the following coverage:

**(a) Workers' Compensation Employers' Liability and Disability Benefits Coverage**

(statutory limits as required by New York State):

- i. a certificate of insurance on a form indicating proof of coverage; or
- ii. New York State Compensation Notice of Compliance (Form C-105, Form U-26.3, Form SI-12 or Form SI-105.2P) **and** New York State Notice of Compliance – Disability Benefits Law (Form DB-120 or DB-20.1); or
- iii. Where an applicant claims an exemption from coverage, the applicant must provide a properly executed copy of the Certificate of Attestation of Exemption from NYS Workers' Compensation Board and/or Disability Benefits Coverage Form CE-200.

**(b) Comprehensive General Liability** Insurance on an occurrence form with:

- i. A minimum limit of liability of \$1,000,000 per occurrence and \$2,000,000 General Aggregate;
- ii. Products/Completed Operations aggregate of \$2,000,000;
- iii. Personal injury aggregate of \$1,000,000;
- iv. All naming the County of Dutchess and the Dutchess County Resource Recovery Agency as additional insured;
- v. The additional insured endorsement page(s) must be provided along with the certificate of insurance;
- vi. Waiver of subrogation as evidenced through a copy of the policy form or endorsement;
- vii. 30-day notice of cancellation either on the Certificate of Insurance or as an additional endorsement;

**(c) Automobile Liability** Insurance for owned, hired and non-owned vehicles with:

- i. A minimum combined single limit of liability of \$750,000 per occurrence for bodily injury and property damage, and include the MCS-90 endorsement if applicable;
- ii. List the County of Dutchess and the Dutchess County Resource Recovery Agency as additional insured;
- iii. The additional insured endorsement page(s), which must be provided along with the certificate of insurance;
- iv. Waiver of subrogation as evidenced through a copy of the policy form or endorsement;
- iv. 30-day notice of cancellation either on the Certificate of Insurance or as an additional endorsement;

2. Policies:

(a) It is the intention of the parties that the insurance policies required hereunder shall protect both parties and be primary and non-contributory coverage for any and all losses covered by the above-described insurance.

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(b) The insurance companies issuing the policy or policies shall have no recourse against the County of Dutchess or the Dutchess County Resource Recovery Agency, including their employees, agents and agencies as aforesaid, for payment of any premiums or for assessments under any form of policy.

(c) All deductibles in the above described insurance policies shall be approved by the Dutchess County Director of Risk Management and shall be assumed by and be for the account of, and at the sole risk of the Licensee.

(d) All applicants shall obtain all required insurance from insurance companies licensed in the State of New York, carrying a Best's financial rating of A or better, and shall provide evidence of such insurance to the County.

(e) The policies or certifications thereof shall be approved by the Dutchess County Director of Risk Management prior to the issuance of a license by the County

(f) All policies shall provide that 30 days prior to cancellation, non-renewal or material change in the policy, notice of same shall be given to the County of Dutchess by registered mail, return receipt requested, for all of the required insurance policies. Renewal certificates shall be provided to the County not less than 30 days prior to the policy renewal date. All notices shall name the Licensee and identify the License.

(g) If at any time any of the policies herein shall be or become unsatisfactory as to form or substance or if a company issuing any such policy shall be or become unsatisfactory to the Director of Risk Management, the Applicant/Licensee must promptly obtain a new policy, submit the same to the Director of Risk Management for approval and submit a certificate thereof.

(h) Failure of the Licensee to take out or maintain, or the taking out or maintenance of any required insurance, shall not relieve the Licensee from any liability under the License, nor shall the insurance requirements be construed to conflict with or otherwise limit the contractual obligations of the Applicant concerning indemnification.

(i) Neither these insurance requirements nor any other matter included in these Rules and Regulations shall be deemed to create any entitlement, expectation, claim, right or cause of action for the benefit of any third party.

(j) Notwithstanding these insurance requirements the Licensee shall indemnify, defend and hold the County, and the Dutchess County Resource Recovery Agency, their agents and employees harmless from all loss, cost, claims, judgments and expenses relating to the disposal of solid waste to the fullest extent permitted by law.



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**SECTION H. DISCLOSURE INFORMATION FOR PRINCIPALS**

Section H, including Schedule A through M, must be completed for EACH principal

1. Name of Principal. (Include maiden name where applicable)

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2. (a) Date of Birth \_\_\_\_\_ (b) Social Security No. \_\_\_\_\_

(c) Home address and telephone number:

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3. Name of Principal's business. Also list trade name and license name, if different.

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Principal's business's addresses:

Principal office: \_\_\_\_\_

Mailing: \_\_\_\_\_

4. Currently, or at any point during the past ten years, have you been a principal or held any equity interest in any other business concern that collects, transfers, treats, stores, recycles, processes or disposes of:

(a) solid waste?

\_\_\_\_\_No \_\_\_\_\_Yes

or

(b) hazardous waste as defined in New York State Environmental Conservation Law? Include any and all such business concerns, including transfer stations, located in any state, territory or district of the United States, or in any foreign country, but do not include stock ownership in publicly traded corporations unless it amounts to more than 5% of said corporation.

\_\_\_\_\_No \_\_\_\_\_Yes

If "yes", complete the information required on Schedule A below.

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**SCHEDULE A. OTHER SOLID WASTE INTERESTS**

<b>Business Name</b>	<b>Address</b>	<b>Phone number</b>	<b>Type of equity or other interest (explain "other")</b>	<b>Period equity held</b>	<b>% of total equity</b>
1.					
2.					
3.					
4.					
5.					
6.					

5. During the past ten years, have you been convicted of any misdemeanor or felony in any jurisdiction?  
\_\_\_\_\_No      \_\_\_\_\_Yes

If "yes", provide details in Schedule B below. Do not include information relating exclusively to traffic violations.

**SCHEDULE B. MISDEMEANOR OR FELONY CONVICTIONS**

<b>Date of arrest</b>	<b>Date of conviction</b>	<b>Conviction charge(s) &amp; sentence</b>	<b>Court and jurisdiction</b>	<b>Indictment docket or index no.</b>



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**SCHEDULE D. ADMINISTRATIVE FINDINGS**

Agency or court	Docket or index no.	Nature of investigation/charges	Outcome

8. Are there any administrative charges by any municipal, state or federal agency, presently pending against you, or against the applicant business with respect to your actions, where you or the applicant business face the possible sanction of suspension or revocation of any license, permit or registration or where a fine or penalty of \$5,000 or more or an injunction of six months or more could be imposed?

\_\_\_\_\_No      \_\_\_\_\_Yes

If "yes", provide details on Schedule E below.

**SCHEDULE E. PENDING ADMINISTRATIVE CASES**

Agency or court	Docket or index no.	Nature of investigation/charges	Status

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9. During the past ten years have you:

(a) been charged with any misdemeanor or felony criminal offenses in any jurisdiction that did not terminate in favor of you, as defined in subdivision two of section 160.50 of the N.Y. Criminal Procedure Law? \_\_\_\_\_No \_\_\_\_\_Yes

(b) been the subject or target of any investigation regarding an alleged violation of any other federal, state or local statute? \_\_\_\_\_No \_\_\_\_\_Yes

(c) received a subpoena or been asked to testify before any court, grand jury, or legislative, civil, criminal or administrative body involving any criminal matter or any other matter related to the waste industry? \_\_\_\_\_No \_\_\_\_\_Yes

(d) received a subpoena requiring the production of documents in connection with a federal, state or local investigation related to the waste industry? \_\_\_\_\_No \_\_\_\_\_Yes

(e) been cited for contempt of any court, grand jury, or legislative, civil, criminal or administrative body? \_\_\_\_\_No \_\_\_\_\_Yes

(f) entered a plea of nolo contendere to any felony or misdemeanor charge? \_\_\_\_\_No \_\_\_\_\_Yes

(g) entered into a judicial consent decree, administrative order on consent or similar agreement or been the subject of a default decree, related to the solid waste industry and not listed in answer to questions 7 or 8? \_\_\_\_\_No \_\_\_\_\_Yes

(h) been subject to an injunction in any judicial action or proceeding with respect to the solid waste industry? \_\_\_\_\_No \_\_\_\_\_Yes

(i) been granted immunity from prosecution for any conduct constituting a crime under state or federal law? \_\_\_\_\_No \_\_\_\_\_Yes

(j) had judgment entered against you as a result of a civil action related to the conduct of a business that removes or recycles solid waste, or the operation of a waste-to-energy plant, materials recovery facility, landfill or transfer station? \_\_\_\_\_No \_\_\_\_\_Yes

If the answer to any portion of question 9 is "yes", provide details in Schedule F below.

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**SCHEDULE F. DETAILS OF QUESTION 9**

Agency or court and docket no.	Nature of action	Date of investigation, and/or date charges brought and resolved	Status or outcome

10. Have you ever engaged in any of the following practices:

- (a) filed with a government agency or submitted to a government employee a written instrument which you knew contained a false statement or false information?  
 No     Yes
- (b) falsified business records?     No     Yes
- (c) given, or offered to give, money or any other benefit to a labor official with intent to influence that labor official with respect to any of his or her official acts, duties, or decisions as a labor official?     No     Yes
- (d) given any money or thing of value to a labor union or labor official or representative that was not expressly permitted by section (c) of the Taft-Hartley Act, 29 U.S.C. Section 186?  No     Yes
- (e) given, or offered to give, money or any other benefit to a public servant with intent to influence that public servant with respect to any of his or her official acts, duties, or decisions?  No     Yes
- (f) given, or offered to give, money or other benefit to an official or employee of a private business with intent to induce that official or employee to engage in unethical or illegal business practices?     No     Yes
- (g) agreed with another solid waste business not to compete in the conduct and furnishing of solid waste removal service?     No     Yes

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(h) agreed with another solid waste business to divide or allocate customers or to respect an existing division or allocation of customers by geography, territory, or otherwise?     \_\_\_\_\_No     \_\_\_\_\_Yes

(i) discussed with another solid waste business the prices to be submitted to bid on a trade waste contract?     \_\_\_\_\_No     \_\_\_\_\_Yes

(j) associated with any person that you knew, or should have known, was a member or associate of an organized crime group?     \_\_\_\_\_No     \_\_\_\_\_Yes

If the answer is "yes" to any portion of question 10, provide the following information, on separate sheets as necessary, for each relevant incident:

(i). Agency, labor union, or solid waste business involved.

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(ii). Name of person(s) (including public and labor union officials) involved.

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(iii). Date of occurrence.

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(iv). Document/Amount of money.

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(v). Reason for engaging in practice.

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11. List on Schedule G each direct or indirect interest in real property (other than a primary residence) currently held by you. If none, state "none".

**SCHEDULE G. REAL PROPERTY INTERESTS**

Address	Person or entity from whom acquired	Co-owners	Approximate purchase or rental cost	Approximate current value

12. List on Schedule H all loans made or notes held by you, in excess of \$5,000 which are currently outstanding. (This refers to monies that are owed to you) If none, state "none".

**SCHEDULE H. LOANS OWED TO PRINCIPAL OR APPLICANT**

Name and address of debtor	Original amount and date of loan	Term of loan and security, if any	Approximate balance outstanding

13. Do you have any indebtedness, including, but not limited to loans, lines of credit, notes due on routes or carting companies purchased, and mortgages on real property (other than a primary residence), in excess of \$5,000?  No  Yes

If "yes", provide details on Schedule I below.



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**SCHEDULE I. LOANS OWED BY PRINCIPAL**

<b>Information requested</b>	<b>Creditor 1</b>	<b>Creditor 2</b>
Name of creditor and address		
Name & phone # of loan Officer		
Account no.		
Amount of indebtedness		
Maturity date		
Terms of repayment		

14. On Schedule J below, identify all persons or entities from whom you have received gifts valued at \$1,000 or more during the past three years. If none, state "none".

**SCHEDULE J. GIFTS TO PRINCIPAL**

<b>Source of gift</b>	<b>Recipient</b>	<b>Relationship of source of gift to recipient</b>	<b>Nature and amount of gift</b>	<b>Date of gift</b>

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15. On Schedule K below, identify all persons or entities to whom/which you have given gifts valued at \$1,000 or more during the past three years, excluding any organization recognized by the Internal Revenue Service under section 501(c) (3) of the Internal Revenue Code. If none, state "none".

**SCHEDULE K. GIFTS GIVEN BY PRINCIPAL**

Recipient	Identify principal who gave gift -- if applicant business, so state	Relationship of recipient to applicant business or principal	Nature and amount of gift	Date of gift

16. Have you ever been the subject of a bankruptcy, receivership, composition or other similar proceeding? If so, provide full details on Schedule L below.

**SCHEDULE L. PROVIDE DETAILS REGARDING ALL BANKRUPTCY, RECEIVERSHIP, COMPOSITION, AND OTHER SIMILAR PROCEEDINGS**

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17. Please indicate any previous involvement in the Solid Waste Industry within the past ten (10) years on Schedule M below.

**SCHEDULE M. PREVIOUS INVOLVEMENT IN THE SOLID WASTE INDUSTRY WITHIN PAST TEN (10) YEARS**

(The principal must provide the name, address, phone # and name of contact person of the companies that they have worked for or had an affiliation with within the past ten (10) years):

<b>NAME OF COMPANY</b>	<b>ADDRESS</b>	<b>PHONE #</b>	<b>CONTACT</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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**SECTION I. PRIVATE INVESTIGATION RELEASE AUTHORIZATION FOR EACH PRINCIPAL/APPLICANT**

I, \_\_\_\_\_ (printed name), am a principal of \_\_\_\_\_ (applicant name) (the "applicant") (Tax ID # \_\_\_\_\_), which is an applicant for a license from the Dutchess County Division of Solid Waste Management. I am over the age of 21.

My Driver License Number is \_\_\_\_\_ and was issued in the state of \_\_\_\_\_ . My date of birth is \_\_\_\_\_ .

I have authorized the Deputy Commissioner of Solid Waste Management (the "Deputy Commissioner") to conduct an investigation into my background for the purpose of determining whether the applicant meets the licensing standards set forth in Local Law No. 3 of 2014 and the rules and regulations as amended.

**I hereby authorize the release by all of the entities and individuals described below to the Deputy Commissioner any and all information, documentary or otherwise, pertaining to me, personally or in my capacity as an officer or principal of any company, and/or pertaining to the applicant, as may be requested by the Deputy Commissioner.** Any such information may be requested by and released to any employee, agent, or representative of the Deputy Commissioner.

**I hereby authorize the release of any such information by any federal, state, local, or foreign government or agency, any private organization or entity, and/or any individual in his or her personal or professional capacity.** These entities and individuals include, but are not limited to, accountants, attorneys, banks, bookkeepers, common carriers, courts, credit reporting companies, data systems management companies, educational institutions, employee benefits managers, employees of the applicant, employers of the applicant's principal(s), financial institutions, internet service providers, investigative firms, investment firms, labor unions, law enforcement agencies, media companies, motor vehicle departments, pension funds, probation departments, selective service boards, tax authorities, telecommunication companies, and utilities.

The release shall apply to any such entities and individuals wherever they may be located, within or without Dutchess County, the State of New York, or United States of America. They may convey information in whatever form and by whatever means requested by the Deputy Commissioner, whether by telephone, fax, mail, computer media, or by any other means.

This release authorization is effective as of the notarization date set forth below for a period of five years.

A photocopy or fax of this authorization will be as effective and valid as the original.

In connection with the release of information pursuant to this authorization, I hereby waive the benefit of any confidentiality agreements and of any privileges pertaining to confidentiality and any rights to privacy which may be accorded by federal, state, or local law.

**NOTICE TO ENTITIES AND INDIVIDUALS RELEASING INFORMATION:** I hereby waive any right to be notified when an entity or individual releases information pursuant to this authorization and hereby authorize the Deputy Commissioner to direct any such entity or individual not to provide such notification.

\_\_\_\_\_  
(signature)

Sworn to and subscribed  
before me this \_\_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**DUTCHESS COUNTY  
APPLICATION FOR SOLID WASTE DISPOSAL LICENSE**

**SECTION J. CERTIFICATION**

This certification must be completed before a notary public by **EACH** Principal of the Applicant (business/entity). Certifications must be notarized when signed.

A MATERIAL FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OR REVOCATION OF A LICENSE THEREBY PRECLUDING APPLICANT FROM DOING BUSINESS AS A PRIVATE CARTER. IN ADDITION, SUCH FALSE SUBMISSION MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

I \_\_\_\_\_ (full name), being duly sworn, state: that I am \_\_\_\_\_ (title) of \_\_\_\_\_  
\_\_\_\_\_ (Applicant); and

that I have read and understood the questions contained in the attached application and its attachments, which consists of \_\_\_\_\_ pages; and

that I have read the rules and regulations and agree to abide by them; and

that to the best of my knowledge the information given in response to each question and in the attachments is full, complete and truthful; and

that Dutchess County may, by any means they or each of them deem appropriate, determine the accuracy and truth of the statements made in this application; and

that all the information submitted is for the express purpose of inducing Dutchess County to issue the Applicant a license to operate a private carting business as contained within Local Law No. 3 of 2014 and the amended rules and regulations.

I authorize the Deputy Commissioner of Solid Waste Management, or representative of the Deputy Commissioner, to contact any person or entity named in the application for purposes of verifying the information supplied by the Applicant and its principals.

\_\_\_\_\_  
(Signature of Principal)

Sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

**DUTCHESS COUNTY  
SOLID WASTE DISPOSAL LICENSE  
APPLICATION CHECKLIST:**

	<u>Yes</u>	<u>N/A</u>
Did you...		
1. Complete and sign Section A the Conditions Agreement?	<input type="checkbox"/>	<input type="checkbox"/>
2. Complete Section B General Information, questions 1 - 14?	<input type="checkbox"/>	<input type="checkbox"/>
3. Complete and sign the appropriate Certificate of Authority? (Section C(1) for Individuals, Section C(2) for Partnerships, Section C(3) for Corporations)	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete Section D, questions 1 – 5 concerning solid waste activities, and enclose copies of requested materials?	<input type="checkbox"/>	<input type="checkbox"/>
5. Complete Section E Annual MSW Report (if you are already collecting solid waste in Dutchess County)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Complete Section F Vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
7. Enclose copies of all required insurance documents as outlined in Section G?	<input type="checkbox"/>	<input type="checkbox"/>
8. Complete Section H, pages 17-27 for <b>EACH</b> principal?	<input type="checkbox"/>	<input type="checkbox"/>
9. Complete Section I, the Release Authorization form for <b>EACH</b> Principal?	<input type="checkbox"/>	<input type="checkbox"/>
10. Complete Section J, Certification for <b>EACH</b> Principal?	<input type="checkbox"/>	<input type="checkbox"/>
11. Enclose payment for the License Application fee and the Background Investigation fee, including any adjustments for additional principals?	<input type="checkbox"/>	<input type="checkbox"/>
12. Has each Principal been fingerprinted, per instructions on page 31?	<input type="checkbox"/>	<input type="checkbox"/>
13. Sign and return this form with your application?	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

# DUTCHESS COUNTY APPLICATION FOR SOLID WASTE DISPOSAL LICENSE

## Instructions for Fingerprinting at an IdentoGo Center

- 1) Schedule an appointment for fingerprinting by going to the [www.IdentoGo.com](http://www.IdentoGo.com) website or calling their IdentoGo toll free call center at (877)-472-6915. Appointment scheduling via the website is available 24/7/365. Appointment scheduling via the call center is available 9am-9pm Monday through Saturday.

If the applicant schedules their appointment through the IdentoGo website, it is recommended that the applicant print out the confirmation page and bring it to their appointment.

The ORI number for Dutchess County is NY012DSWY. The fingerprint reason is Solid Waste Hauler.

- 2) The applicant will select the most convenient location to get fingerprinted as part of making their appointment. A list of available locations can be found at [www.IdentoGo.com](http://www.IdentoGo.com). Select "NY" and then click on "Locations" to view the listing.
- 3) Payment options include: personal or business check, government check, certified check, bank check, money order, or credit card. Payment is made to "**MorphoTrust USA.**"

The fingerprinting fee will be comprised of the total fingerprint search fee(s) plus the IdentoGo vendor fee. The total fee is payable to "**MorphoTrust USA.**"

*The IdentoGo vendor fee relates to the software, equipment and staffing costs in connection with the services they are providing to capture and transmit the electronic fingerprint submission.*

- 4) The applicant will go to the fingerprinting location and bring two (2) forms of identification, at least one (1) of which must have a photo. When they schedule their appointment, they will be given the options of what forms of identification are considered acceptable.

If the applicant did not already pay on-line when they scheduled their appointment, they will also need to bring their payment to the fingerprinting appointment.

- 5) At the fingerprinting location, the identification documents will be reviewed, fingerprints rolled and photo taken. Once the applicant has been fingerprinted, IdentoGo immediately launches the fingerprint transaction and photo to DCJS for processing.
- 6) The applicant will be provided two receipts indicating the applicant's name, fingerprinting site location, date and time, fee paid and reason for fingerprinting. Provide one of the receipts to the Dutchess County Division of Solid Waste and retain the other copy.