



# Town of Fishkill Clerk's Office

*Application for Garbage Collection License*

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1. Name of Applicant: \_\_\_\_\_

2. Address:

\_\_\_\_\_  
\_\_\_\_\_

3. If applicant is corporation:

a) Name and address of all stockholders:

Name:

Address:

_____	_____
_____	_____
_____	_____

b) Name and address of all officers:

Name:

Title:

Address:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Has the applicant, any stockholder of the applicant or any officer of the applicant been convicted of a misdemeanor or felony in any state? \_\_\_\_\_

If so, list all particulars below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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5. How many collection vehicles will be used to collect garbage and refuse in the Town? \_\_\_\_\_

6. Describe each vehicle:

Year	Type	Description (make and color)

6a. Number of loads generated per week: \_\_\_\_\_

7. Does each vehicle have a water tight body equipped with a compaction unit? \_\_\_\_\_

8. Set forth below the proposed collection schedule within the Town:

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9. Enclose proof of Workman's Compensation Insurance.

10. Application Fee \$750.00

11. Proof of Insurance for \$1,000,000.00 - listing the Town as additionally insured.

Date: \_\_\_\_\_

I, the undersigned, do certify that I have read and I am familiar with the "Ordinance for the Regulation of Collection, Storage and Disposal of Refuse and Garbage" of the Town of Fishkill and the "Regulations for the Collection, Storage and Disposal of Refuse and Garbage" of the Town of Fishkill, and the foregoing information is accurate and complete to the best of my knowledge, information and belief.

\_\_\_\_\_  
Signature