TOWN OF ISLIP **Department of Environmental Control**
401 Main St., Islip, NY 11751

2021 SOLID WASTE SERVICES PERMIT
(Includes C&D and Recycling Services)
FILING INFORMATION

PLEASE NOTE: **Fees for 2021 Permits**

Permit Application and First Truck -	**$750.00**
Each Additional Truck -	**$250.00**
Sticker Fee – (All containers/roll offs used in the Town)	**$ 7.50**

1) Completed applications should be typed or printed and **MUST** be submitted for review by **November 2, 2020**

2) **Customer List Requirements** – See CHECK LIST for information and required specifics FOR EACH CUSTOMER.

3) **If setting up a billing account**, applicant must submit a Surety Bond or Certified Check in the amount established by the Commissioner (see below). **(MUST USE ATTACHED BOND FORM)**. Any permittee who fails to pay a tip fee invoice prior to the issuance of a subsequent invoice twice in a twelve month period or whose outstanding balance exceeds the Surety Bond/Certified Check amount, shall be denied entrance to Town facilities, and faces suspension or revocation of said permit.

   Permit Applicant: _____
   2021 Surety Amount: (If setting up billing account) $_____

4) Applicants must attest that all containers and permitted vehicles are lettered with the name and telephone number of the permit holder on each side of the vehicle/container in letters at least six (6) inches high. **Containers should also show volume of the container, in cubic yards.**

5) For each vehicle submitted: **current registration; insurance card; Board of Health Certificate for applicable vehicles (e.g., front or rear loaders, compactors).**

6) Provide current proof of **Workers' Compensation and Disability Insurance**, **OR NYS Affidavit CE 200** – Completed and **SIGNED** – waiving company requirement to provide coverage under these Laws. (Form can be found on internet www.wcb.ny.gov)

7) Effective January 1, 2021, no vehicle will be permitted to service accounts in Islip or enter Town facilities without the proper permit emblem affixed. No Containers (roll-offs, compactors, etc.) shall be placed in the Town of Islip without the proper sticker affixed. Persons providing service within Islip using vehicles without permit emblems or containers without stickers shall be considered as providing solid waste services without a permit in violation of Islip Town Code §21-9.

Enclosed:
- Application Check Sheet
- Permit Application
- Surety Bond Form and Acknowledgment Form
- "Compliance Letter@
- Sample "Fee Responsibility" Letter, "Customer List" Cover Letter & "Customer List" Format
- Truck Change Forms

APPLICANT CHECKLIST
FOR
SOLID WASTE SERVICES PERMIT

PAGES 7 AND 8 MUST BE COMPLETED BY COMMERCIAL CARTERS AND RECYCLERS, AND MUST BE SUBMITTED NO LATER THAN 45 DAYS AFTER PERMIT APPROVAL

IF A QUESTION DOES NOT APPLY, ANSWER WITH N/A.

BE SURE YOU HAVE INCLUDED ALL OF THE FOLLOWING:

☐ One original completed application.

☐ Notarized Letter on Company Letterhead attesting to current customer list for all Islip customers receiving regular commercial municipal solid waste collection services from the applicant.

CUSTOMER LIST REQUIREMENT – A Customer List must be provided by the applicant for all customers in Islip receiving regular commercial municipal solid waste collection service from the applicant. Information regarding customers receiving intermittent or temporary service for collection of construction and demolition debris, or customers served through contracts with the Town's special garbage and refuse districts **need not be provided**. **All data must be provided in electronic format** (comma delimited ASCI file – CSV or Microsoft Excel compatible) and separated as shown. File can be emailed to cwilson@islipny.gov or sent by disc with your completed application. ***PLEASE SEE ATTACHED CUSTOMER LIST SAMPLE.***

☐ If setting up a billing account – Surety Bond – **SIGNED, SEALED, ACKNOWLEDGMENTS** attached.

☐ Notarized Compliance Letter – stating services provided will be in accordance with Chapter 21 of the Town Code, as well as permitted vehicles/containers. (See enclosed sample.)

☐ Current Registration and Insurance card for each permitted vehicle

☐ Notarized Fee Responsibility Letter – If vehicle registration is in name of other than applicant company, stating that applicant company is responsible for any tipping fees incurred by truck owner (name as stated on registration). (See enclosed sample.)

☐ Current Year Board of Health Certificate listing EACH permitted vehicle for which a certificate is required (e.g. front or rear loaders, compactors).

☐ Certificate showing Proof of Workers' Comp. **AND** Disability Coverage **OR** NYS Affidavit CE 200 Completed and **SIGNED** – waiving requirement.
Find Form on internet www.wcb.ny.gov, choose "FORM CE200". Then choose – Request "WC/DB Exemption Form CE200" – follow instructions.

Signature_____ Date_____

COMPLETED APPLICATIONS WITH NECESSARY PAPERWORK AND PAYMENT SHOULD BE PLACED IN A SEALED ENVELOPE AND LEFT IN THE **DEC DROPBOX** LOCATED IN THE LOBBY OF:
TOWN HALL WEST (PUBLIC WORKS BUILDING)
401 MAIN STREET
ISLIP, NY 11751

TOWN OF ISLIP
401 Main St., Islip, NY 11751

Department of Environmental Control

2021 APPLICATION FOR SOLID WASTE SERVICES PERMIT

THIS INCLUDES CONSTRUCTION & DEMOLITION DEBRIS AND RECYCLING MATERIAL

The issuance of a permit shall bind the applicant to comply with all conditions, rules and regulations of Chapter 21, Solid Waste of the Code of the Town of Islip as in effect during the period covered by said permit. The applicant company further acknowledges the right of the Commissioner of Environmental Control to enforce the provisions of said Code and Section 2046-t (3) of the Public Authorities Law, and understands that compliance with same is a condition of the said permit.

COMPANY NAME (Applicant): _____

MAIL ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

STREET ADDRESS: _____
(If P. O. Box, or different from Mail Address, you **MUST** list Street Address)

CITY_____ **STATE** _____ **ZIP**_____

CONTACT PERSON: _____**TITLE**: _____
(full name)

OFFICE PHONE: (____)_____ **HOME PHONE**:(____)_____

FAX: (____)_____ **CELL PHONE: (____)**_____

E-MAIL ADDRESS: _____

GARAGE LOCATION(S): _____

ADDITIONAL CONTAINER STORAGE YARD(S): _____

SERVICES PROVIDED: (**Check All That Apply**)

☐ RESIDENTIAL ☐ COMMERCIAL ☐ C&D ☐ RECYCLING MATERIAL

☐ OTHER (briefly explain) _____

LIST MUNICIPALITIES WHERE YOUR COMPANY IS LICENSED TO PROVIDE COLLECTION SERVICES:

_____

_____

Has any individual applicant, partnership, officer, director, member or any person holding 5% or more financial interest in said business or corporation, ever been convicted of a crime, or committed any violation of any federal or state environmental law or regulation for which a civil sanction, penalty or judgment was imposed, or is currently charged with the commission of any crime, other than a traffic violation? YES ☐ NO ☐ If yes, indicate details (date, location, disposition).

_____

_____

List all officers by name and title, and all persons with a financial interest in the company, as follows: If a partnership, corporation, or LLC, list the names of all partners, officers, directors, or managing members as well as all individuals with a 5% interest or more in the applicant. **If a publicly traded corporation or wholly owned subsidiary thereof, submit a copy of the corporation's most recent Annual Report or SEC filing indicating the ownership of the corporation and subsidiary.**

NOTE: ***If a change of Officer, Director or other Holder of 5% interest occurs during the permit year, this information must be disclosed to the Town of Islip within ten (10) days of the change.***

Name and Title of Officer/Owner/Director	SS#	Date of Birth	Home Address	% of Interest Held
1.				
2.				
3.				
4.				

Name and Title of Other Holder of 5% or More Interest	SS#	Date of Birth	Home Address	% of Interest Held
1.				
2.				
3.				
4.				

Is the applicant corporation or partnership wholly or partially owned by another entity?

YES ☐ **NO** ☐

If yes, please list and identify the parent entity and list the officers, directors and/or managers on a separate sheet of paper.

DISPOSAL INFORMATION

The applicant hereby acknowledges the application of Islip Town Code §§21-7 and 21-10 governing disposal of solid waste generated within the Town of Islip and hereby requests authorization pursuant thereto to dispose of solid waste, construction and demolition debris and commercial recyclables at the facilities set forth below, each of which is lawfully permitted and authorized to accept the materials indicated:

ISLIP FACILITIES TO BE USED: (Check All That Apply):

- ☐ MacArthur Resource Recovery Facility (Solid Waste)
- ☐ Sayville Recycling Facility (Recyclables)
- ☐ MacArthur Composting Facility (Yard Waste/Land Clearing Debris)
- ☐ Blydenburgh Cleanfill Facility (Construction/Demolition Material)

ALTERNATE FACILITIES TO BE USED:

Name and Address (WTE facility, trans station etc.)	Material Delivered (MSW, C&D, Recyclables)	Permitting Agency & Permit # (NYDEC, PaDEP etc.)

FOR COMMERCIAL CARTERS ONLY

RECYCLING ACTIVITIES ANNUAL REPORT

Pursuant to §21-3 of the Islip Town Code, the Commissioner has designated corrugated cardboard-OCC, newspapers-ONP: glass jars and bottles; plastics- PET HDPE; cans-Fe; Bulk Metals and Aluminum-AL as materials capable of being re-used or recycled pursuant to General Municipal Law §120-aa.

The applicant hereby acknowledges the designation of these materials as recyclable pursuant to ITC §21-3, and, as a condition of the applicant's authorization to use the alternate disposal Facilities identified above, the applicant hereby represents that i) separate collection service for said recyclables shall be provided on commercially reasonable terms to all ***commercial customers*** requesting same, and ii) the applicant shall submit, ***not later than 45 days after the effective date of this permit,*** an Annual Report, setting forth the recycling activities of the applicant in the previous year. The Annual Report shall summarize the amounts of all source-separated recyclables collected by the applicant in the prior year, and the amounts of all recyclables recovered from any facility utilized to recover recyclables that are commingled with other solid wastes. ***The Annual Report shall be substantially in the sample form annexed hereto (pages 7 & 8)***.

(For Town Use Only)

Special Conditions of Permit

_____

_____

_____

_____

_____

_____

_____ Approved

_____ Denied

_____
Martin J. Bellew, Commissioner

TOWN OF ISLIP
DEPARTMENT OF ENVIRONMENTAL CONTROL
2021 SOLID WASTE PERMIT APPLICATION
VEHICLE INFORMATION

NAME OF COMPANY: _____Client #_____

LIST ALL VEHICLES TO BE USED IN ISLIP

Year	Body Type	Make & Model	License Plate #	Vehicle I.D. #	2020 ISLIP DECAL #	2021 DECAL (Town Use Only)

Current registration and insurance required for each vehicle permitted.

FEES:	**$750.00**	**PERMIT AND FIRST VEHICLE**
$ _____	**$250.00**	**EACH ADDITIONAL VEHICLE**
$ _____	**$ 7.50**	**EACH STICKER _____ Number of stickers requested**
$_____		***TOTAL FEE ATTACHED***

(For office use only) STICKER NO(S) _____ ☐

_____ _____
Signature Date plates and stickers received

ADD'L. TRUCKS – number of additional trucks _____@ $250 each $_____

_____ _____
Signature Date

STATE OF NEW YORK)

: S.S.

COUNTY OF)

_____, being duly sworn, deposes and says that he/she is the _____of _____, the applicant herein; that all the information submitted with this application is true; that the applicant agrees to comply with all provisions of Chapter 21 of the Code of the Town of Islip which regulates the collection and disposal of solid waste; that the applicant understands that failure to comply with the rules and regulations of the Town of Islip or any false statements made on any part of this application shall be grounds for denial and/or revocation of this permit.

_____
SIGNATURE

_____
PRINTED NAME

SWORN TO BEFORE ME THIS _____
DAY OF _____, 20___

NOTARY PUBLIC _____

ACTION BY TOWN CLERK:

(B) Approved:
Permit No. _____ expires: December 31, 20____

(B) Disapproved: _____

COMMERCIAL CARTERS AND RECYCLERS MUST KEEP PAGES 8 AND 9
To be completed and submitted no later than 45 days after permit approved

COMPANY NAME: _____

ANNUAL REPORT ON RECYCLING ACTIVITY
MATERIALS RECOVERED - PRIOR YEAR

SECTION I (A)-Provide information for recyclables ***collected separately*** from solid waste for the

TYPE OF MATERIAL RECOVERED (for Prior Permit Year)	**TOTAL TONS FOR YEAR 20_____**
Cardboard (OCC)	
Newspapers (ONP)	
Glass Bottles/Jars (Glass)	
Plastic (PET/HDPE)	
Bulk Metals	
Other – (Specify)	

PRIOR PERMIT YEAR. **For each type of solid waste recovered, provide the weight in tons.**

SECTION I (B) As required pursuant to Chapter 21-10 B. (1) (c), please identify the buyers or markets who purchase the separately collected materials listed above.

Materials Extracted	Buyers/Markets
Cardboard	_____
	_____
	_____
Newspaper	_____
	_____
	_____
Glass	_____
	_____
Metals	_____
	_____
	_____
Plastic	_____
	_____
	_____
Other	_____

SECTION II (A) List all commercial and multi-family residential customers for which the applicant provides recycling services through ***post-collection extraction*** of recyclable materials at a licensed transfer station/recycling center.

If all recycling services are through post-collection extraction, you can indicate as such by stating "SEE CUSTOMER LIST" in the space below.

Customer Name and Address	Volume Collected Monthly	Materials to be Extracted	Approx. Percent Recycled	Est. Vol. Residual Waste
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Please attach additional pages if needed.

SECTION II (B) As required pursuant to Chapter 21-10-B (1) (d), please identify the facility and method to be employed to extract the recyclables from the solid waste collected.

Facility Name and Address	NYSDEC Permit	Extraction Method

Please attach additional pages if needed.

COMPANY NAME: _____ DATE: _____

SIGNATURE: _____ PRINT NAME: _____

SURETY BOND FORM

BOND NO. _____

KNOW ALL MEN BY THESE PRESENTS: That we, the undersigned _____ as Principal, and _____, a _____corporation, having an office at _____, as Surety, are held and firmly bound unto the Town of Islip, 401 Main Street, Islip, New York, 11751, as obligee in the penal sum of _____ ($_____) Dollars, lawful money of the United States of America, to be paid to the said Town of Islip for which payment well and truly to be made, we bind ourselves, or heirs, executors, and administrators, successors and assigns jointly and severally firmly by these presents.

SIGNED, sealed and dated this _____ day of_____

WHEREAS, the above Principal has been or is about to be granted permission to maintain a monthly account with the Town of Islip in the payment of fees for use of Town solid waste disposal facilities, which permission is to be granted conditioned that the Principal should furnish and file with the Town of Islip a bond in the sum of _____ ($_____) Dollars for the payment of all fees assessed by the Town of Islip in consideration for the Principal's use of such place or places designated as disposal sites within the Town of Islip, (and as financial security pursuant to Chapter 21 - 10-B-(1)-(a) 5 for the period January 1, _____ to December 31, _____ inclusive.

NOW, THEREFORE, the condition of this obligation is such that if the Principal shall well and truly make due and timely payment to the Town of Islip the amount of assessed fees as promulgated by the Town of Islip for use of such place or places designated as disposal sites, then this obligation shall be null and void, otherwise to remain in full force and effect. In order to be considered timely, payment must be made within thirty (30) days of the billing date.

Affix
Corporate Seal

BY _____
(PRINCIPAL)

Affix
Surety Seal

BY_____
(SURETY)

INDIVIDUAL ACKNOWLEDGMENT

State of _____

} ss.

County of _____

On this _____day of _____, 20 ____, before me personally came

_____ to me known, and known to me to be the individual described in and who executed the foregoing instrument, and acknowledged to me that he executed the same.

My commission expires _____ _____

Notary Public

FIRM ACKNOWLEDGMENT

State of _____

} ss.

County of _____

On this _____day of _____, 20 _____, before me personally came

_____ to me known, and known to me to be a member of the firm of

_____ described in and who executed the foregoing instrument, and he thereupon acknowledged to me that he executed the same as and for the act and deed of said firm.

My commission expires _____ _____

Notary Public

CORPORATION ACKNOWLEDGMENT

State of _____

} ss.

County of _____

On this _____day of _____, 20 _____, before me personally came

_____ to me known, who being by me duly sworn, did depose and say

that he is the _____ of_____ the corporation described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation, and that he signed his name thereto by like order.

My commission expires _____ _____

Notary Public

SURETY ACKNOWLEDGMENT

State of _____

} ss.

County of _____

On this _____day of _____, 20 _____, before me personally came

_____ to me known, who, being by me duly sworn, did depose and say that he is

an attorney-in-fact of _____ the corporation described in and which executed the within instrument; that he knows the corporate seal of said corporation; that the seal affixed to the within instrument is such corporate seal, and that he signed said instrument and affixed the said seal as Attorney-in-Fact by authority of the Board of Directors of said corporation and by authority of this office under the Standing Resolutions thereof.

My commission expires _____ _____

Notary Public

Company Name: _____

Address: _____

COMPLIANCE LETTER

DATE: _____

Town Of Islip
Department of Environmental Control
401 Main Street
Islip, New York 11751

Re: 2021 Solid Waste Services Permit

This is to certify that all services provided in the Town of Islip will be in accordance with the ordinances of Chapter 21, which includes but is not limited to:

INITIAL NEXT TO EACH STATEMENT

_____ ALL PERMITTED VEHICLES WILL BE LABELED WITH COMPANY NAME & TELEPHONE NUMBER IN LETTERS AT LEAST SIX (6) INCHES HIGH.

_____ ALL CONTAINERS PROVIDED TO CUSTOMERS WILL BE LABELED WITH COMPANY NAME & TELEPHONE NUMBER.

_____ ALL CONTAINERS PROVIDED TO CUSTOMERS WILL HAVE TOWN-ISSUED CONTAINER PERMIT STICKER AFFIXED TO THE FRONT RIGHT SIDE PRIOR TO PLACEMENT.

_____ ALL CONTAINERS PROVIDED TO CUSTOMERS WILL BE PLACED ONLY ON PRIVATE PROPERTY. NO CONTAINERS WILL BE PLACED ON PUBLIC ROADWAYS OR SIDEWALKS.

_____ ACCESS TO APPLICANT'S YARD AND/OR OFFICES WITHIN THE TOWN OF ISLIP WILL BE GRANTED TO ANY EMPLOYEE OF ISLIP DEC DURING OPERATING HOURS.

(Sign) _____

(Print Name) _____

(Title) _____

NOTARY

SAMPLE

FEE RESPONSIBILITY LETTER

This letter should be submitted when an applicant is permitting trucks registered in a name other than that of the Company Applicant.

Letter should be on Company letterhead, signed and notarized.

Date

Town of Islip
Department of Environmental Control
401 Main Street
Islip, New York 11751

RE: 2021 Solid Waste Services Permit

This is to certify that _____(your company name)_____ will be responsible for all tipping fees incurred by the following trucks registered to _____(truck registrant's name)_____ :

Year and Make of Truck License Plate No.

Your Signature
Name
Title

NOTARIZED

SAMPLE

CUSTOMER LIST COVER LETTER

TO BE PROVIDED BY COMMERCIAL CARTERS ONLY

Letter should be on Company letterhead, signed and notarized.

Date

Town of Islip
Department of Environmental Control
401 Main Street
Islip, New York 11751

RE: 2021 Solid Waste Services Permit

This is to certify that to the best of my knowledge, the customer list submitted in electronic format, represents the customers that we service within the Town of Islip.

Your Signature
Name
Title

NOTARIZED

COMPANY NAME: _____

FORM COMPLETED BY: _____ PHONE NUMBER: _____
(Please Print Name)

2021 CUSTOMER LIST – TOWN OF ISLIP

Customer Name	Street Address	Town	Zip	Number, Size & Type Container	Frequency Of Pick-up	# of Units if Condo, Trailer, Apt., etc	Separate Collection Recyclables Y/N	Total Yards Collected	Total Tons Collected
Tom Jones Deli	234 Main St	Islip	11751	5 – 20 yds	1 x wk		N	433	43.3
JFK Kennedy Sch	34 Timber Road	East Islip	11730	2-30 comp	EOW		Y	60	18
Bay View Apts	1645 Burn Ave	Bay Shore	11706	cans	2 x wk	31	N		4
					TOTAL ANNUAL VOLUME & TONNAGE				

SAMPLE CUSTOMER LIST

MUST BE SUBMITTED IN ELECTRONIC FORMAT (MICROSOFT EXCEL COMPATIBLE)

CUSTOMER LIST MUST PROVIDE TOTAL VOLUME AND TONNAGE

(**Note:** Disclose the requested information for all locations at which you provide service, whether through direct agreement with the owner/occupant, or via a subcontract with a parent organization, broker, or other entity.)

Give actual address, not billing address.
Conversion:

Regular container - yards times 200 lbs - divided by 2,000 for tons.
Compactor container - yards times 600 lbs - divided by 2,000 for tons.
On Call = 1.5 times per month
Condo Units/Town Houses, Trailer Parks – cans = 1.8 tons/year per unit

PLEASE KEEP COPIES OF THIS FORM

2021 VEHICLE LIST MODIFICATION FORM

USE TO ADD OR DELETE TRUCKS FROM YOUR PERMIT THROUGHOUT THE YEAR

DATE SUBMITTED: _____

NAME OF COMPANY: _____CLIENT #: _____

TELEPHONE NUMBER: _____

LIST VEHICLES TO BE ADDED

Year	Body Type	Make & Model	License Plate #	Vehicle I.D. #	2021 ISLIP DECAL #

VEHICLES TO BE REMOVED

Year	Body Type	Make & Model	License Plate #	Vehicle I.D. #	2021 ISLIP DECAL #

FEES:
ADD'L. TRUCKS – (number of additional trucks) _____ @ $250 each $_____

FEE ATTACHED $_____

THERE IS NO CHARGE TO REMOVE OR SUBSTITUTE A VEHICLE

_____ _____
Signature Date

You must provide a current registration and insurance card for each truck addition or change. A new responsibility letter for tip fees, on Company letterhead signed and notarized, must also be submitted if added trucks are registered in a name other than permitted company.