Town of Galen
CODE ENFORCEMENT OFFICE
6 South Park Street
Clyde, New York 14433
(315) 923-7259

APPLICATION for SOLID WASTE HAULER LICENSE

The undersigned hereby applies for a License in accordance with the provisions of the Town of Galen Local Law 1-2008, relating to **SOLID WASTE HAULERS**.

Business Name: _____

Business Address: _____

Name and Address of OWNER(S): _____

_____

Business Phone Number: _____

Home Phone Number: _____

Name of Applicant: _____ Title: _____

Workers' Compensation Insurance Information (WCL §57 and 220(8))

I, _____ do hereby certify that:
(Owner / Applicant)

[ ] I am an employer providing workers compensation coverage for my employee(s)*

[ ] I am not required to have workers' compensation insurance overage**

* Attach copy of valid insurance certificate (ACORD forms are NOT acceptable)
** Attach approved Workers Compensation Affidavit of Exemption

In accordance with § 12.00 of Local Law 1-2008, I the Applicant do hereby agree to indemnify, hold harmless and defend the Town and its officers and employees from and against any and all claims, demands, losses, damages, costs, payments, actions, recoveries, judgments and expenses of every kind, nature and description, including without limitation all engineer's and attorney's fees, fines, penalties and clean up costs resulting from any such claim, etc. arising out of or connected in any way with acting as a Hauler or involvement or participation in the collection, distribution or transportation of Solid Waste.

_____ _____/_____/_____
APPLICANT SIGNATURE DATE

Submit: (i) proof of Public Liability Coverage, with the *Town of Galen* named as an additional insured; (ii) Registry of Vehicles; and (iii) application fee of $50.00 per vehicle (maximum $300.00)

FOR OFFICE USE ONLY: [ ] Approved [ ] Disapproved

_____ _____/_____/_____
CODE ENFORCEMENT OFFICER DATE