

Jefferson County Recycling & Waste Management

27138 NYS Route 12

Watertown, NY 13601

Phone 315-786-6900

Fax 315-785-9115

Recycle



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**Application approval takes approximately 5-7 business days.**

Before returning your Commercial Waste Permit Application, please use the following checklist to ensure submission of all required information.

\_\_\_\_\_ Commercial Waste Permit Application

\_\_\_\_\_ \$150.00 Permit Fee

\_\_\_\_\_ "Certificate of Insurance" for General Liability Coverage\*

\_\_\_\_\_ "Certificate of Insurance" for Automobile Liability Coverage\*

\_\_\_\_\_ "Certificate of Insurance" for Workers' Compensation Coverage\*\*

\_\_\_\_\_ Copies of Vehicle Registrations

\*Insurance cards, binders, declaration page, or postings are not acceptable.

\*\*If not required to carry Workers' Compensation, Form CE-200 must be submitted.

**JEFFERSON COUNTY  
COMMERCIAL WASTE PERMIT APPLICATION**



**Instructions:** Please complete all applicable sections and return with permit fee of \$150.00 and all supporting documentation to: Jefferson County Recycling and Waste Management, 27138 NYS Route 12, Watertown, NY 13601. Checks are made payable to "Jefferson County Treasurer".

**PART I**

Business Name _____ Address _____ _____ Contact Person _____ Phone Number _____  Type of Customer Served in Jefferson County (check applicable box; complete section) <input type="checkbox"/> Residential                      Complete Section A <input type="checkbox"/> Commercial                      Complete Section B <input type="checkbox"/> Industrial                      Complete Section C <input type="checkbox"/> Haul Own Waste Only              Complete Section D	<p align="center"><b>COUNTY USE ONLY</b></p> Permit # _____ Date Issued _____ Fee: <input type="checkbox"/> Yes <input type="checkbox"/> No Special Condition: <input type="checkbox"/> Yes <input type="checkbox"/> No RECORD OF VIOLATIONS: <table border="1" style="width:100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th style="text-align: left;"><u>Date</u></th> <th style="text-align: left;"><u>Violation</u></th> <th style="text-align: left;"><u>Action</u></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	<u>Date</u>	<u>Violation</u>	<u>Action</u>												
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**SECTION A: RESIDENTIAL WASTE COLLECTOR**

Municipalities (if partial, submit route map)	# of Households	Frequency/Day of Collection	Recyclables (R) Waste (W) Or Both (B)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

For additional routes, attach additional pages and use same format

**SECTION B: COMMERCIAL WASTE COLLECTOR**

Business Name (or submit route map with customers marked)	Frequency/Day of Collection	Recyclables (R) Waste (W) Or Both (B)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

For additional businesses, attach additional pages and use the same format

**SECTION C: INDUSTRIAL WASTE COLLECTOR**

Municipalities (if partial, submit route map)	# of Households	Frequency/Day of Collection	Recyclables (R) Waste (W) Or Both (B)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

For additional businesses, attach additional pages and use the same format

**SECTION D: HAUL OWN WASTE**

Description of Waste	Frequency/Day of Collection	Recyclables (R) Waste (W) Or Both (B)

**PART II  
VEHICLE DATA**

License #	Make	Year	Type	Color	Cubic Capacity	COUNTY USE ONLY Sticker# Issued
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

For additional vehicles, attach additional pages and use same format

**PART III**

Please submit the following documentation:  1. Proof of valid NYS registration for each vehicle. 2. Proof of Workers' Compensation Insurance as required by law. 3. Proof of insurance coverage as required by Jefferson County's Local Law No. 2 of 1991	<b>COUNTY USE ONLY</b>	
	<b>YES</b>	<b>NO</b>
	NYS Registration	_____
	Workers' Compensation Insurance Certificate	_____

**PART IV  
CERTIFICATION**

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS AND ALL ATTACHED DOCUMENTS, AND THAT BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THIS INFORMATION, I BELIEVE THAT THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I CERTIFY THAT NO PROHIBITED WASTES AND NO WASTES GENERATED OUTSIDE THE COUNTY OF JEFFERSON WILL BE DELIVERED IN MY VEHICLE(S) TO ANY SOLID WASTE FACILITY OWNED BY THE COUNTY. I AGREE TO INDEMNIFY AND HOLD HARMLESS THE COUNTY FROM ANY LIABILITY ARISING FROM THE DISPOSAL OF SUCH WASTES DELIVERED BY MY VEHICLE(S). I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINES AND IMPRISONMENT.

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_



**JEFFERSON COUNTY**  
**COMMERCIAL WASTE PERMIT INSURANCE REQUIREMENTS**

The "**Certificate(s) of Insurance**" to be filed with the application shall be executed by the representatives of an insurance company duly authorized and qualified to do business in the State of New York, evidencing that said insurance company has issued liability and property damage insurance policies covering the following: (a) all motor vehicles owned or operated by the applicant or any other person, firm, or corporation employed by the applicant, and (b) general liability protection covering applicant's business operations and premises protecting the public and any person from personal injuries or property damages sustained by actions or omissions of the applicant, his or her agent, and employees.

The "**Certificate(s)**" shall specifically evidence the following amounts of insurance coverage which shall remain in effect for the term of the permit and shall provide that written notice shall be given to the Director at least thirty (30) days prior to any change in the conditions of the certificate or any expiration or cancellation thereof:

**Automobile Liability Insurance** - per person \$100,000, per accident \$300,000; and property damage - per accident \$50,000;

**General Liability Insurance** - \$500,000.

A "**Certificate of Insurance**" for **Workers' Compensation Insurance** OR Workers' Compensation Board Form CE 200.

If the applicant is **not required** to carry Workers' Compensation Insurance under the laws of the State of New York, Form CE-200 must be completed by the applicant. For more information contact the Workers' Compensation Board at (866) 546-9322 or visit the website at [www.wcb.ny.gov](http://www.wcb.ny.gov).