



VILLAGE OF SARANAC LAKE
39 Main Street, Suite 9
Saranac Lake, NY 12983
518-891-4150
www.saranaclakeny.gov

WASTE TRANSPORTER AUTHORIZATION APPLICATION

Permit Number: _____

Company Name: _____ Date: _____

Contact Person: _____ Phone Number: _____

Mailing Address: _____

Premise Address: _____

Waste Transport Vehicles:

VEHICLE	MAKE	MODEL	TANK VOL. (gallons)	LICENSE #	STATE	EXPIRATION DATE	HPN	VEHICLE ID #
1								
2								
3								
4								

Waste Information:

	Areas in which your company will operate.
Village of SL	
Harrietstown	
North Elba	
St. Armand	
Other	

	Types and estimated annual volume of wastes to be transported & discharged.
Industrial Waste	
Landfill Leachate	
Sludge	
Septic Tanks	
Portable Toilets	
Grease Traps	
Other	

Insurance:

Attach a certificate documenting that your company has adequate comprehensive general liability and auto liability insurance which includes the Village of Saranac Lake as an additional insured and includes provisions for informing the Village of Saranac Lake 10 days prior to the time of policy cancellation or renewals.

I have personally examined and am familiar with the information submitted in this document and attachments and certify the information to be true, accurate, and complete. I further agree to operate under provisions of all pertinent District Ordinances and realize failure to do so may result in my discharge privileges being revoked and enforcement being taken against me.

SIGNATURE OF APPLICANT: _____

FOR OFFICE USE

Approved by (WWTPO): _____ Date: _____

Payment received: _____ Receipt no.: _____ Date: _____