

Department of Municipal Works
Waste Management Division
 116 Hampton Rd.
 Southampton NY 11968
Phone: (631) 702-1750

TOWN OF SOUTHAMPTON



CHRISTINE FETTEN, P.E.
 DIRECTOR OF MUNICIPAL WORKS
EDWARD THOMPSON
 WASTE MANAGEMENT DIVISION HEAD

2021 Commercial Carters Permit Application

1. Name and Address of Applicant: COMPANY NAME <input style="width:90%;" type="text"/> First Name <input style="width:90%;" type="text"/> Last Name <input style="width:90%;" type="text"/> Address <input style="width:90%;" type="text"/> Email <input style="width:90%;" type="text"/> Phone <input style="width:90%;" type="text"/> Point of Contact Name <input style="width:90%;" type="text"/>	2. Names and Addresses of all Partners, Limited or Otherwise (If Applicant is a Partnership, or all Officers/Directors/Shareholders if Applicant is a Corp.) <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;"></th> <th style="width:60%;">Name</th> <th style="width:35%;">Address</th> </tr> </thead> <tbody> <tr> <td style="text-align:center">1.</td> <td></td> <td></td> </tr> <tr> <td style="text-align:center">2.</td> <td></td> <td></td> </tr> <tr> <td style="text-align:center">3.</td> <td></td> <td></td> </tr> <tr> <td style="text-align:center">4.</td> <td></td> <td></td> </tr> </tbody> </table>		Name	Address	1.			2.			3.			4.		
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1.																
2.																
3.																
4.																

3. Total Estimated Weight of Refuse and Recyclables by type within the last 12 months collected by the Applicant within the Town of Southampton	
Total MSW (Tons)	COMMENTS
Total Co Mix (Tons)	COMMENTS
Total Paper & Cardboard (Tons)	COMMENTS
Total Metal (Tons)	COMMENTS
Total Sanitary Waste/Biosolids/ Septic (circle applicable) Tons)	COMMENTS
Total Construction & Demolition Debris (Tons)	COMMENTS
Total Land Clearing Debris (CY)	COMMENTS
Total Yardwaste (leaves/ branches) (CY)	COMMENTS
Total Waste Oil (Cooking Oil and Petro) (Tons)	COMMENTS
Total Commercial Food Waste (Tons)	COMMENTS
<b style="color: red;">Vehicle information is required on page 2 of this document.	

AFFIRMATION: This information is based on actual scale tickets received by the above named firm from disposing and recycling the above referenced materials in accordance with the laws of New York State. I certify that this information is true.

Applicant Name:

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Please enter Vehicle Information below.

Vehicle No.	Vehicle ID	Year	Make	Body Style	Volume in (CY)	Tonnage Capacity	Color	Plate No.

False statements made herein are punishable as a Class A Misdemeanor pursuant to Section 210.45 of the New York State Penal Law. This check box is mandatory for Application submittal. If this box is not checked your application will not be accepted.