



**Chautauqua County  
Division of Solid Waste**

**Permit Application  
For Waste Haulers**

<i>For County Use Only:</i>	
Permit No.	_____ -20_____
Application Received:	_____ 20_____
Insurance Approved:	_____ 20_____
Application Approved:	_____ 20_____
By:	_____
Check No.	_____
Cash \$	_____
<b>Total Fee: \$</b>	<b>_____</b>

Permits are issued on a calendar year basis.  
Visit <https://chqgov.com/landfill/documents-forms-applications> for a fillable form.

This is an Amendment to my approved Permit Application, Permit #: \_\_\_\_\_

**Part 1: Applicant Information**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**Part 2: Organization Profile**

Legal Name of Applicant: \_\_\_\_\_

Taxpayer ID Number: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship  
\_\_\_\_\_ LLC \_\_\_\_\_ Municipality \_\_\_\_\_ Other (please specify) \_\_\_\_\_

**Part 3: Waste Identification**

Please identify all types of material or waste for which you are requesting to be permitted for disposal:

\_\_\_\_\_ Municipal Solid Waste (MSW) \_\_\_\_\_ Construction/Demolition Debris \_\_\_\_\_ Industrial  
\_\_\_\_\_ Recyclables Materials \_\_\_\_\_ Sludge \_\_\_\_\_ Soil \_\_\_\_\_ Tires \_\_\_\_\_ Approved E-Waste  
\_\_\_\_\_ Bulk Metals & White Goods \_\_\_\_\_ Other (please specify): \_\_\_\_\_

For organizations that haul municipal solid waste and construction and demolition debris, please indicate how recyclables are collected:

\_\_\_\_\_ source separated \_\_\_\_\_ dual stream \_\_\_\_\_ single stream \_\_\_\_\_ other (please specify) \_\_\_\_\_

Please list specific site locations at which collected recyclables are disposed:

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Please indicate your service area and/or the towns, villages and cities that you service:

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Please indicate your primary disposal site for solid waste that you pick up in Chautauqua County (if not utilizing the Landfill you must provide the disposal facility's NYSDEC permit or registration number):

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## **Part 4: Vehicle Information**

Please list all vehicles used for permitted activities. Vehicles must be registered to the applicant. An identification decal will be issued for all listed vehicles and must be affixed to the vehicle upon entry to the Landfill. Trucks and trailers must be registered separately, unless the applicant can provide proof that the truck is used for towing only.

**There is a \$10.00 permit charge for each registered vehicle.**

	<b>Vehicle Type*</b>	<b>Vehicle Make and Year</b>	<b>License Plate #</b>	<b>Capacity (Cubic Yards)</b>	<b>VIN#</b>	<b>SLCSWD ID# (Internal Use Only)</b>
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

**\*Vehicle Type:**      Dump truck (DT)    Rolloff (R/O)    Frontload (FL)    Rearload (RL)  
                                  Sideload (SL)        Truck (TR)    Trailer (TRL)

	Vehicle Type*	Vehicle Make and Year	License Plate #	Capacity (Cubic Yards)	VIN#	SLCSWD ID# (Internal Use Only)
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
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\*Vehicle Type:      Dump truck (DT)    Rolloff (R/O)    Frontload (FL)    Rearload (RL)  
                                 Sideload (SL)            Truck (TR)    Trailer (TRL)

## **Part 5: Application Submittals**

Permit Fee: (includes one (1) vehicle)	\$	25.00
Vehicle Registration Fee:		
No. of <i>Additional</i> Vehicles _____ at \$10.00 per vehicle	\$	_____
<b>Total Permit Fee Due:</b>	<b>\$</b>	<b>_____</b>

### **Please remit the following to the Chautauqua County Division of Solid Waste,**

3889 Towerville Road, Jamestown, New York 14701:

- A completed and signed Permit Application;
- A check payable to "Chautauqua County Director of Finance" in the full amount of the application fee;
- Proof of Workers' Compensation\* and Disability\* Coverage or NYS Form CE-200 documenting exemption from State coverage requirements; and
- Proof of liability Insurance coverage as required by Chautauqua County.

Incomplete or illegible applications, applications submitted without the permit fee, and applications submitted without required certificates of insurance will not be processed.

\* Sections 57 and 220 of the New York State Workers' Compensation Law provide that Chautauqua County shall not issue any permit unless proof of workers' compensation and disability benefits insurance coverage (or proof of exemption) is produced. The ACORD form commonly used to show liability, auto and other insurance cannot be used for Workers Compensation or Disability Insurance. Questions relating to either workers' compensation or disability benefits coverage can be directed to the State of New York Workers' Compensation Board, Bureau of Compliance at (866) 298-7830.

## **Part 6: Release and Indemnification**

I understand and acknowledge that there are inherent dangers associated with the disposal of waste and other activities which take place on Landfill premises. In consideration of being granted a permit I hereby agree, to the full extent permitted by law, that Chautauqua County and its officers, employees and agents shall not be held liable for any direct, indirect, incidental or consequential damage, injury, loss or death, to the permittee or its officers, employees or agents, or to their heirs, successors and assigns, caused in any manner whatsoever. This release, assumption of risk and waiver is to be construed in the manner most favorable to the County.

Permittee shall be solely responsible and answerable in damages for any and all accidents and/or injuries to persons (including death) or property arising out of or related to permittee's actions or inactions in connection with its disposal of waste at the County landfill and transfer stations. To the fullest extent permitted by law, permittee shall defend, indemnify, and hold County and its officers and employees harmless from any liability, claim, demand, loss, judgment, expense, and cost of every type, amount, and nature, direct and indirect and without limitation, including the costs of defense, arising from permittee's failure to comply with permit terms including those in the Waste Hauler Permit Packet and items referenced therein. This indemnification provision is to be construed in the manner most favorable to the County.

**Part 7: Certification**

By signing this Permit Application I acknowledge that I have received, read and understand Chautauqua County Division of Solid Waste's *Waste Hauler Permit Packet*. Upon receiving a permit, I agree to operate in accordance with the packet. I understand that I must also comply with all applicable federal, state and local laws, rules and regulations, including without limitation Chautauqua County Local Laws 9-92, 14-95 and 20-02 pertaining to source separation, Landfill use and flow control, as the same may be amended from time to time.

I affirm that the statements made on this Permit Application, including any attached pages, are true and complete. I understand that knowingly offering a false instrument for filing may subject me to prosecution under New York State Penal Law Article 175.

I certify that I am duly authorized to make this application on behalf of the applicant.

**Read, Accepted and Agreed to:**

\_\_\_\_\_  
Signature of Principal or Owner

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_