

PERMIT # _____



TOWN OF FALLSBURG REFUSE HAULER'S APPLICATION



FEE: \$250.00 Per Company

LICENSE EXPIRES APRIL 30th, _____

Company Name: _____

Owner's Full Name: _____

Address: _____

Phone : _____

Insurance Carrier: _____

Policy Number: _____

Year	Make/Model	VIN #

I, the undersigned, state that all the information I have given in the foregoing application is true to the best of my knowledge, information and belief.

Owner's Signature: _____

Date: _____

Police Chief Signature: _____

Date: _____

Town Clerk: _____

Date: _____

FOR OFFICE USE ONLY

Insurance Card

Liability Insurance
Naming Town as
Additional Insured

Payment Total: _____

Inspection

Cash/Check: _____