



SUFFOLK COUNTY DEPARTMENT OF LABOR, LICENSING & CONSUMER AFFAIRS

P.O. Box 6100, Hauppauge, NY 11788-0099 (631) 853-4600 FAX (631) 853-4825

LIQUID WASTE LICENSE APPLICATION INSTRUCTIONS

Includes Commercial, Industrial, Residential, Septic Tank, Sewer Drain Treatment, Bacteria Additives and Maintenance Field

1. Fill out application completely and sign.
 2. Attached passport photo to the application.
 3. Complete and sign Affirmation. Applicant must check (A) or (B) in the first paragraph.
 4. Provide copies of W-2's, tax statements and employer affidavits as proof of five-year trade experience.
 5. **Include 5 years of trade invoices.**
 6. Attach the following to the application:
 - A) If incorporated, provide copy of corporate minutes indicating your position in the corporation, and a copy of New York State filing receipt.
- OR**
- B) If you are a d/b/a, provide a d/b/a Certificate (Available from the Suffolk County Clerk's Office in Riverhead. Call (631) 852-2000 for information).
- AND**
- C) Copy of NYS driver's license or NYSDMV non-driver photo I.D.
7. Submit a non-refundable two hundred dollar (\$200.00) application fee by check made payable to **Suffolk County Department of Consumer Affairs**. On approval of your application, you will be asked to submit a check, money order, or cash for four hundred dollars (\$400.00) for the required two-year license. Approximately thirty (30) days before your license expires, you will be sent a renewal notice to extend your license another two years.
8. Submit a certificate of liability and property damage insurance in the minimum amount of one million dollars (\$1,000,000.00) combined single limit. Certificate shall contain a statement that in the event the Certificate of Insurance is either cancelled, not renewed, or materially changed, fifteen (15) days prior notice shall be given.

Furnish proof of a License & Permit Bond in the amount of ten thousand (\$10,000.00) dollars.
10. A certificate of Worker's Compensation as required by New York State Law.

Privacy Act Statement

Pursuant to the Federal Privacy Act of 1974, as amended, the disclosure of Social Security numbers for applicants is mandatory and is required by 42 USCS § 666(a)(13), New York State General Obligation Law § 3-503, and Suffolk County Law § 563.5 and/or SCC 239, and/or sec 275-3A, and/or SCC 313-18A, and/or SCC 361-3A and/or SCC 391, and/or SCC 460-5, and/or SCC 483. Such numbers disclosed on the application are requested for the administration of Title IV-D of the Social Security Act (Child Support Enforcement Act) and related provisions of State law. Such numbers will be used by the Department of Labor, Licensing, & Consumer Affairs to facilitate application processing and to maintain a uniform system of identifying applicants.



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*Includes Commercial, Industrial, Residential, Septic Tank,
Sewer Drain Treatment, Bacteria Additives and Maintenance Field*

Please Print – Answer All Questions

APPLICANT’S NAME: LAST _____ FIRST _____ M.I. _____

DATE OF BIRTH: ___/___/_____ SOCIAL SECURITY #: _____

HOME STREET ADDRESS: _____

TOWN: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ EMAIL: _____

CELL PHONE: _____ FAX: _____

BUSINESS NAME(S): _____

BUSINESS STREET ADDRESS: _____

TOWN: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____ FAX: _____

EMAIL: _____

IMPORTANT! PLEASE NOTE THAT YOUR BUSINESS TELEPHONE NUMBER LISTED HERE WILL BE THE KEY NUMBER BY WHICH PEOPLE WILL BE ABLE TO SEARCH THE LABOR, LICENSING, & CONSUMER AFFAIRS WEBSITE TO DETERMINE WHETHER OR NOT YOU HAVE A VALID LICENSE. IT IS IMPERATIVE THAT YOU LIST THIS CORRECTLY AND THAT THIS BE THE NUMBER YOU USE ON YOUR BUSINESS CARDS, CONTRACTS, ADVERTISING ETC.

Type Business

___ Corporation ___ Partnership ___ Sole Proprietorship ___ Other

1. Federal Tax ID No. _____

2. Worker’s Compensation No. _____

3. NYS Sales Tax Registration No. _____

Do you subcontract your work? ___ Yes ___ No If yes, name & address of Subcontractor

Personal Reference (not related by blood or marriage)

Name: _____ Tel: _____

Address: _____

1. Business must be licensed. Each separate Business requires a separate license.

THIS IS AN APPLICATION: NOT A LICENSE



List all additional business names and addresses in which you are principal officer: including location of all branches and separate offices. If "None", write none.

<u>Business</u>	<u>Address</u>	<u>Principal type of work</u>

List all principal officers or partners associated with your present business. Please include their present position in the firm. If "None", write none.

<u>Name</u>	<u>Address</u>	<u>Position in Firm</u>

List all previous business or subsidiaries in which you were a principal officer, all other associated officers and present status of the business (i.e. defunct, bankrupt, sold, etc.) If "None", write none.

<u>Business Name</u>	<u>Address</u>	<u>Associated Officers</u>	<u>Present Status</u>

Are you presently or have you ever been licensed in Suffolk County or any other municipality?

___ Yes ___ No

If Yes, Where: _____ License # _____ Type License _____

Expiration Date _____ If more than one, list _____

**Remit application fee of \$200.00 (non-refundable) made payable to:
Suffolk County Consumer Affairs**

Sec. 175.35-Offering a false instrument for filing in the first degree:

A person is guilty of offering a false instrument for filing in the first degree when, knowing that a written instrument contains a false statement or false information, and with intent to defraud the state or any political subdivision thereof, he offers or presents it to a public office or public servant with the knowledge or belief that it will be filed with, registered or recorded in or otherwise become a part of the records of such public office or public servant.

Offering a false instrument for filing in the first degree is a class E felony.

L. 1965, c. 1030

Signed _____ Date _____



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LIQUID WASTE ENDORSEMENTS

Listed below are eleven (11) endorsements set forth under Suffolk County Law Chapter 563 Article VII. Place a check mark next to each endorsement as it applies to your business. Make certain to enclose proof that you have complied with training class requirements. (See attached)

Endorsements 1, 2, 3, 4, 6, & 7 require a dedicated vehicle displaying the LW license # and dedicated use on the truck. *See below. A copy of the truck's registration & a photo showing the plate number and trucks dedicated use must be submitted.

One (1) endorsement is included in your \$400.00 licensing fee. Each additional endorsement carries an additional \$200.00 fee.

- 1. Septic Tank Pumping, Cleaning & Maintenance** *(Requires proof of ownership of a dedicated pump/vacuum truck for sanitary and/or organic waste.) *i.e. 1234-LW Sanitary/Organic Waste Only*
- 2. Grease Trap/Grease Inceptor Cleaning & Maintenance** *(Requires proof of ownership of a pump/vacuum truck dedicated for pumping grease trap waste.) *i.e. 1234-LW Trap Grease Only*
- 3. Yellow Grease/Fryer Oil Collection** *(Requires proof of ownership of a pump/vacuum truck dedicated for pumping yellow grease.) *i.e. 1234-LW Yellow Grease Only*
- 4. Temporary Restroom Facilities** *(Requires proof of ownership of a dedicated pump/vacuum truck for sanitary and/or organic waste) *i.e. 1234-LW Sanitary Organic Waste Only*
- 5. Waste Line Cleaning & Inspection** *(Requires proof of ownership of dedicated jetting or waste line cleaning equipment)*
- 6. Bulk Liquid Waste Transportation** *(Requires proof of ownership of dedicated pump/vacuum truck for sanitary and/or organic waste.) *i.e. 1234-LW Sanitary Organic Waste Only*
- 7. Vactor (pump/vacuum) Services** *(Requires proof of ownership of a dedicated pump/vacuum truck for sanitary and/or organic waste) *i.e. 1234-LW Sanitary Organic Waste Only.*
- 8. Conventional Septic System Maintenance Inspector**
- 9. Conventional Septic System Installation**
- 10. Innovative & Alternative Treatment System Installer** *(Requires possession of Endorsement I Conventional Septic System Installation AND installation training certificate from manufacturer of specific technologies being installed.)*
- 11. Innovative & Alternative Treatment System Service Provider** *(Requires Certificate from manufacturer of all technologies to be serviced)*

VERIFICATION OF EMPLOYMENT AND QUALIFICATIONS

Note:

This document shall be **completed by the signer who must be licensed** in the relevant field (Electrician, Plumber, or Home Appliance Repair.) **Do not omit any requested information.**

COUNTY OF SUFFOLK:)

STATE OF NEW YORK:)

I, _____ currently licensed as an _____ and that I have employed _____

on a () part-time () full-time basis.

I have found him/her to be competent, and that I consider him/her a qualified _____ and if he/she meets all requirements, to be examined by Suffolk County for a _____ license.

.....
.....

My records show that the above applicant has been employed by me as follows:

EMPLOYEE'S NAME	EMPLOYED FROM-TO	TOTAL TIME YEARS-MONTH	ANNUAL GROSS SALARY

Employment verified by W-2 Forms? YES ___ NO ___

The applicant, while under my employ has performed the following duties:

Any Additional Remarks - Please use the back of this affidavit

Current Business Name: _____

Business Address: _____

License Number(s): _____

Place of Issuance: _____

Last Time Renewed: _____

I affirm, subject to the penalties of perjury that the information set forth above has been examined by me and to the best of my knowledge and belief is true and correct

Sworn to before me this _____ day of _____ ,

Signature: _____

NOTARY PUBLIC

-over-



Steven Bellone
Suffolk County Executive

Frank Nardelli
Commissioner

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AFFIRMATION

STATE OF NEW YORK)

COUNTY OF SUFFOLK) ss:

(Name) _____

(Company Name) _____

1. You must check either (A) or (B)

(A) I affirm that there have never been any judgments filed against the above named individual applicant or firm.

(B) I affirm that all judgments against me have been discharged, are being appealed, or being paid according to agreed scheduled payments with creditors and that there are no unsatisfied or unnegotiated judgments against either the above named individual applicant or firm.

- 2. I certify that all non-employees used as sub-contractors will have in their possession a valid Suffolk County Liquid Waste License.
- 3. I certify that all plumbing and electrical work performed as part of any contract negotiated by me or my agents will be done by only the holders of a valid Suffolk County License, where applicable.
- 4. Briefly describe work to be performed:

Individual's Name and Title

Company Name

AFFIRMATION (To be completed by Applicant): I AFFIRM UNDER PENAL TIES OF THE PENAL LAW, THAT I PREPARED THIS APPLICATION AND THAT THE STATEMENTS CONTAINED HEREIN ARE, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND CORRECT AND THAT I HAVE NOT KNOWINGLY AND WILLFULLY MADE A FALSE STATEMENT OR GIVEN INFORMATION WHICH I KNOW TO BE FALSE IN CONNECTION HEREWITH.

Signed _____ Date _____



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APPLICANT BACKGROUND INFORMATION

Your Name _____

YOU MUST ANSWER ALL OF THE FOLLOWING QUESTIONS AND SIGN THIS FORM. IF YOU ANSWER "YES" TO ANY OF THE QUESTIONS, PLEASE PROVIDE A DETAILED EXPLANATION ON A SEPARATE SHEET.

- (1) Have you ever been convicted of a crime or offense of any kind (other than traffic or parking violations) or entered a plea of guilty or nolo contendere? Y____ or N____
- (2) Are any criminal charges currently pending against you? Y____ or N____
- (3) Are you now, or were you ever on parole or probation? If YES, you MUST provide a letter of good standing from your parole/probation officer. Y____ or N____
- (4) Have you ever been the subject of any investigation by a federal, state or local agency (other than a routine background investigation for employment purposes)? Y____ or N____
- (5) Have you ever been cited for contempt of any court or legislative, civil or criminal investigative body or grand jury? Y____ or N____
- (6) Have you, or any business in which you are or were an owner, officer, director or partner, been the subject of any criminal or administrative investigation? Y____ or N____
- (7) Are there any liens or judgments against you or any business in which you are or were an owner, officer, director or partner? Y____ or N____
- (8) Were you, or any business in which you are or were an owner, officer, director or partner, ever involved in a bankruptcy proceeding? If yes, where and when _____ Y____ or N____
- (9) Are there any tax liens currently assessed or pending against you or any business in which you are or were an owner, officer, director or partner, or any real property in which you have a beneficial or legal interest? Y____ or N____
- (10) How long have you resided at your current address? _____ Yrs. _____ Mths.
- (11) Have you resided outside the State of New York for more than 180 days in the last calendar year? Y____ or N____

If so, please indicate below your out of state residence address:

- (12) Have you been conducting business under the present business name, and if so, where? _____ Y ___ or N ___
- (13) Do you own or have any interest in real property that has been cited for health, safety or environmental violations by federal, state or local authorities? Y ___ or N ___
- (14) Are you in arrears on any child support and/or maintenance obligations? Y ___ or N ___
- (15) Bank Accounts for this business:
 Bank Name & Location: _____
 Bank Account #: _____
 Date Opened: _____

NOTE: A LICENSE WILL NOT BE ISSUED WITHOUT A VALID BANK ACCOUNT.

- (16) Name of CPA, if any: _____
 Name of corporate attorney, if any: _____
- (17) Have you or any immediate family member ever been involved in a business which had a license issued by this Office? Yes ___ No ___ License # _____ Date Issued _____ Expiration Date _____
 Was this license suspended or revoked? Yes ___ No ___ Date Suspended _____ Date Revoked _____
- (18) Have you or any immediate family member ever been involved in a business which had a license issued by:
 New York City? Yes ___ No ___ License # _____ Date Issued _____ Expiration Date _____
 Was this license suspended or revoked? Yes ___ No ___ Date Suspended _____ Date Revoked _____
 Nassau County? Yes ___ No ___ License # _____ Date Issued _____ Expiration Date _____
 Was this license suspended or revoked? Yes ___ No ___ Date Suspended _____ Date Revoked _____
 Any other local municipalities?
 Yes ___ No ___ License # _____ Date Issued _____ Expiration Date _____
 Was this license suspended or revoked? Yes ___ No ___ Date Suspended _____ Date Revoked _____

NOTE: ALL ANSWERS AND RESPONSES WILL BE CHECKED AND VERIFIED VIA COMPUTER SEARCH AND OTHER INVESTIGATIVE METHODS.

AFFIRMATION (to be completed by Applicant): I AFFIRM UNDER PENALTIES OF THE PENAL LAW, THAT I PREPARED THIS APPLICATION AND THAT THE STATEMENTS CONTAINED HEREIN ARE, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND CORRECT AND THAT I HAVE NOT KNOWINGLY AND WILLFULLY MADE A FALSE STATEMENT OR GIVEN INFORMATION WHICH I KNOW TO BE FALSE IN CONNECTION HEREWITH.

Signed _____ Date _____

