



WESTCHESTER COUNTY DEPARTMENT OF HEALTH

APPLICATION FOR SEPTAGE COLLECTOR LICENSE OR RENEWAL

1. NAME: _____

2. ADDRESS: _____
(Street Address)

(Community, State, Zip Code)

3. TELEPHONE: _____

4. E-MAIL ADDRESS: _____

5. COMPANY NAME: _____

6. COMPANY ADDRESS: _____
(Street Address)

(Community, State, Zip Code)

7. COMPANY TELEPHONE: _____

8. INSURANCE INFORMATION (for license and renewals only):

a. Worker Compensation Policy Number: _____

b. Disability Benefits Policy Number: _____

9. LICENSE: New _____ Renewal _____ (Lic. No. _____)

10. Fees: New License or Renewal: _____ \$120.00

Payment must be made payable to Westchester County Department of Health

This is to certify that all information supplied herein and attached hereto is true of the best of my knowledge, and that I will abide by all Westchester County regulations pertaining to Septage Collector License. This license can be revoked at the discretions of the Department. This application is made pursuant to Chapter 873, Article VIII, Section 873.722 (B) of the Laws of Westchester County.

(Signature)

(date)

Application should be remitted to:
Westchester County Department of
Health Bureau of Environmental Quality
Attn: Laurie Hauer
11 Martine Avenue, 12th Floor
White Plains, NY 10606