



TOWN OF ISLIP DEPARTMENT OF ENVIRONMENTAL CONTROL
401 MAIN STREET • ISLIP, NEW YORK 11751 • (631) 595-3630

Transfer Station & Recycling Center Permit Application

Permit period January 1, 2024 through December 31, 2024

Dept. Use Only
DEC Application #

Fees for 2024 Permits:

Must be submitted in the form of a check or money order payable to the Town of Islip.

Separate check or money order: Application Processing Fee \$250

Separate check or money order: Permit Fee \$2000

If applicable, separate check or money order: Applications remaining incomplete or received late after the below dates are subject to the following fees:

After January 15, 2024: \$100

After February 1, 2024: \$200

TYPE OF PERMIT (Check all applicable boxes) <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> MODIFICATION	
_____ FACILITY OWNER NAME _____ ADDRESS _____ TOWN, STATE, ZIP CODE _____ CONTACT PERSON _____ TELEPHONE # & EMAIL ADDRESS _____ ON-SITE MANAGER'S NAME _____ TELEPHONE # & EMAIL ADDRESS	_____ OPERATOR (if different from facility owner) _____ ADDRESS _____ TOWN, STATE, ZIP CODE _____ CONTACT PERSON _____ TELEPHONE # & EMAIL ADDRESS
NEW YORK STATE DEC TRANSFER STATION PERMIT NUMBER: _____	
_____ EFFECTIVE DATE	_____ EXPIRATION DATE



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Has any individual applicant, partnership, officer, director, member or any person holding 5% or more financial interest in said business or corporation, ever been convicted of a crime, or committed any violation of any federal or state environmental law or regulation for which a civil sanction, penalty or judgment was imposed, or is currently charged with the commission of any crime, other than a traffic violation? YES NO If yes, indicate details (date, location, disposition).

Do any individuals associated with the company have unsatisfied default judgements issued by the Town for failure to appear in court? YES NO If yes, all judgements must be satisfied prior to submission. To remedy the judgement, please contact the Division of Law Enforcement at (631)224-5375.

List all officers by name and title, and all persons with a financial interest in this application as follows: the application shall contain the name of the applicant or, if a partnership or corporation, the names of all partners, officers, directors and all persons holding 5% or more of the outstanding shares of said corporation. If the applicant is a corporation which is wholly or partially owned by another corporation, the parent corporation shall be identified together with the name of the officers and director of the parent corporation.

Type of Ownership: Sole Proprietorship Partnership Corporation
 (If owned by parent corporation, please provide that information on an additional sheet.)

If a publicly traded corporation or wholly owned subsidiary thereof, submit a copy of the corporation's most recent Annual Report or SEC filing indicating the ownership of the corporation and subsidiary.

NOTE: If a change of Officer, Director or other Holder of 5% interest occurs during the permit year, this information must be disclosed to the Town of Islip within ten (10) days of the change.

Name and Title of Officer/Owner/Director	% of Interest Held
1.	
2.	
3.	
4.	
5.	

Name and Title of <u>Other</u> Holder of 5% or More Interest	% of Interest Held
1.	
2.	
3.	
4.	
5.	



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MATERIALS RECOVERED

WILL MATERIAL BE ACCEPTED FROM OUTSIDE THE TOWN OF ISLIP: YES NO

If yes, list the carting firm and the jurisdiction from where the material will be collected: (attach additional sheets if needed)

FIRM/ JURISDICTION _____

FIRM/ JURISDICTION _____

FIRM/ JURISDICTION _____

FIRM/ JURISDICTION _____

FIRM/ JURISDICTION _____

PLEASE CHECK THE MATERIALS TO BE RECOVERED AND LIST MARKETS / OUTLETS FOR THE RECOVERED MATERIALS (NAME & LOCATION) :

Newspaper _____

Glass _____

Plastic (identify types) _____

Aluminum _____

Corrugated Cardboard _____

Ferrous Metal _____

Magazines _____

Mixed Paper _____

Other _____

PLEASE IDENTIFY DISPOSAL FACILITIES FOR RESIDUAL WASTES:

NAME/ LOCATION:

NAME/ LOCATION:

NAME/ LOCATION:



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STATE OF NEW YORK)

: S.S.

COUNTY OF)

_____, being duly sworn, deposes and says that he/she is the _____ of _____, the applicant herein; that all the information submitted with this application is true; that the applicant agrees to comply with all provisions of Chapter 21 of the Code of the Town of Islip which regulates the collection and disposal of solid waste and the operation of Transfer Stations/Recycling Centers; that the applicant understands that failure to comply with the rules and regulations of the Town of Islip or any false statements made on any part of this application shall be grounds for denial and/or revocation of this permit.

SIGNATURE

PRINTED NAME

SWORN TO BEFORE ME THIS _____
DAY OF _____, 20____

NOTARY PUBLIC _____

ACTION BY TOWN CLERK:

(B) Approved:
Permit No. _____ expires: December 31, 20____

(B) Disapproved: _____