



# VILLAGE OF SPRING VALLEY

Village Clerk

**Demeza Delhomme**  
Mayor

**Sen. Gene Levy Municipal Plaza**  
200 North Main Street  
Spring Valley New York 10977  
Tel. (845)352-1100  
Fax. (845)573-5887

**Anthony Leon**  
Deputy Mayor

**Asher Grossman**  
Trustee

**Emilia White**  
Trustee

**Vilair Fonvil**  
Trustee

**To:** All Public Carters (Scavengers)

**FROM:** Kathryn Ball  
Village Clerk

**RE:** 2014 - CARTING (SCAVENGER'S) LICENSE

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Enclosed please find a renewal application for your Carting (Scavenger's) License.

To avoid delay in the processing of your application be sure that all pertinent information, signature, notarization and appropriate fees are submitted.

If there are more than four vehicles, list them on a separate sheet and indicate "Attached Sheet".

Enclose copy of Cab Card.

Enclose proof of vehicle insurance.

**VILLAGE OF SPRING VALLEY  
200 NORTH MAIN STREET  
SPRING VALLEY, NEW YORK 10977  
(845) 352-1100**

**APPLICATION FOR A PUBLIC CARTERS (SCAVENGER) LICENSE**

**Application Fee: \$200 Plus \$100 Per Vehicle**

**Expires: December 31**

Non- refundable Money Order or Bank Check only (Application Must Be Printed or Typewritten)

New License or  Renewal : Village License No. \_\_\_\_\_ No. Of Trucks \_\_\_\_\_

Name of Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

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

Garage Address: P.O, Box # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Individual       Co-partnership       Corporation

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Name of Corporation \_\_\_\_\_

Main Office \_\_\_\_\_

Incorporated:  Yes  No      State \_\_\_\_\_      Date of Registered Trade Name \_\_\_\_\_

Officer's Name/Title                      Date of Birth                      Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**CRIMINAL RECORD**

If the Individual Owner, Member of a Co-Partnership or Officer of any Corporation making this application has ever been indicted or convicted for any offense or traffic violation in the last 36 months, such facts must be stated below in full. (To include any other location). If **none**, state so.

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<u>Date</u>	<u>Charge</u>	<u>Disposition</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature\_\_\_\_\_

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