



TOWN OF WATERTOWN SOLID WASTE PERMIT
For Collection and Disposal

Name of Company: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

License Numbers: _____

REQUIRED DOCUMENTS:

- **Certificate of Insurance naming the Town of Watertown Additional Insured (See Reverse Side)**
- **Certificate of Good Standing with Connecticut Secretary Of State**
- **Recycling Facility Used _____**
- **Notarized list of Violations, Notices or Suspensions in the last ten years**
- **Evidence of Liability Insurance on all vehicles**
- **List of Municipalities within which business operates**

All vehicles shall have business name, address and telephone number clearly marked.

\$150.00 Permit Fee

A 7 day written notice required in the event of sale and/or transfer of business

Please Print Name and Title

Date

Signature

Wording of additional insured:

Town of Watertown and its employees, departments, boards, committees and commissions are to be named as additional insured on a Primary and Non-Contributory basis on all policies except Worker's Compensation. Waiver of subrogation applies to all policies.