

**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: \_\_\_\_\_ \$100.00

**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 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  
25 Moore Avenue  
Mt. Kisco, NY 10549  
Attn: Patricia Tornello-Adams