

**COUNTY OF NORTHAMPTON  
APPLICATION FOR LICENSE FOR  
GARBAGE COLLECTORS**

*APPLICANTS NAME* \_\_\_\_\_

*ADDRESS* \_\_\_\_\_

*TELEPHONE* \_\_\_\_\_

*BUSINESS ADDRESS* \_\_\_\_\_

*TELEPHONE* \_\_\_\_\_ *FAX* \_\_\_\_\_ *e-mail* \_\_\_\_\_

**OATH**

**I, THE UNDESIGNED, SWEAR AND/OR AFFIRM THAT  
I HAVE READ AND AGREE WITH THE CONDITIONS PROVIDED  
IN THE COUNTY ORDINANCE REGULATING  
TRASH, GARBAGE, REFUSE OR OTHER WASTE MATERIALS AND ALL  
STATEMENTS ARE TRUE, FULL AND CORRECT TO THE BEST OF  
MY KNOWLEDGE AND BELIEF.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

RECEIPT OF \_\_\_\_\_ PAYMENT HEREBY ACKNOWLEDGED

\_\_\_\_\_  
COMMISSIONER OF THE REVENUE