



State of New York  
County of Broome Government Offices

Department of Public Works-Division of Solid Waste Management  
Jason T. Garnar, County Executive · Debra A. Smith, Director

**ANNUAL PERMIT APPLICATION for  
Conditionally Exempt Small Quantity Generators  
Broome County's Hazardous Waste Collection Facility**

**Be sure to read this before continuing:**

State and federal laws exempt certain businesses and institutions that generate hazardous waste from strict regulations. The exemption is based on the amount of hazardous waste you generate and store. To be considered an exempt generator, you must produce less than 220 pounds (100 kilograms) of hazardous waste in any given month—this is approximately 1/2 of a drum. You must never accumulate more than 1,000 kilograms, approximately 5 drums, of hazardous waste. If you are unsure of your eligibility as an exempt generator, please call either the Broome County Division of Solid Waste Management at 763-4305 or the New York State Department of Environmental Conservation at (800) 452-1925 for clarification.

**If you are certain you are an exempt generator, please continue by printing or typing all parts of this application. Upon acceptance of this application, your Permit Card with permit identification number will be forwarded to your company.**

**Your permit fee is based on the month you submit your permit.  
See the Prorated Fee Schedule below:**

**All permits expires 12/31**

**You will be billed for the permit fee**

	<b><u>Broome</u></b>	<b><u>Tioga</u></b>
January – December	\$40.00	\$80.00
April – December	\$30.00	\$60.00
July – December	\$20.00	\$40.00
October – December	\$10.00	\$20.00

# **BROOME COUNTY HAZARDOUS WASTE FACILITY**

## **APPLICANT INFORMATION**

## **Official Use Only**

**Permit #:** \_\_\_\_\_

**Expire Date:** \_\_\_\_\_

**Amount Paid:** \_\_\_\_\_

**Check #:** \_\_\_\_\_

1. Check one: \_\_\_\_\_ NEW \_\_\_\_\_ RENEWAL

2. Applicant business name:

\_\_\_\_\_

3. Mailing address:

\_\_\_\_\_  
(Street or PO Box)

\_\_\_\_\_  
(If PO Box is used, a street address is also required)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(Fax)

4. Contact person: \_\_\_\_\_  
(Telephone)

Accounts Payable Contact: \_\_\_\_\_  
(Telephone)

Email Address: \_\_\_\_\_

5. Character of Business: (Check One)

Agricultural/Farm      Electroplating      Landscaping      Post Office

Auto Repair      Garden & Lawn Center      Metal Finishing      Printing

Dry Cleaning      Government      Photographic      Salon

Electronic      Hospital      Pool Supply      School

Other \_\_\_\_\_

By signing this application, the permitted shall indemnify and hold harmless Broome County and any of its officers, agents and employees from all claims, demands, causes of action and judgment arising out of injuries to persons and/or property of whatever kind or nature as a result of the fault or negligence of permitted, its employees or agents in the permit tee's use of Broome County's Hazardous Waste Collection Facility.

I understand that, if the completed permit application and/or fees are inaccurate, it will be returned and use of the Broome County Hazardous Waste Facility will be suspended until the permit and/or fees are submitted correctly. The permitted agrees to pay all reasonable collection fees including attorney fees and to notify the Division of Solid Waste Management immediately of any change in management, address, etc.

I hereby affirm, under penalty of perjury, that the information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 201.45 of the Penal Law.

By my signature, I agree to be personally liable for all fees incurred as a result of this permit. If a corporation or government entity, the permitted is acquainted with the facts and circumstances therein; that the permitted has read the foregoing and knows the contents there of, that the same is true to the permittee's own knowledge.

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(Printed or typed name) (Signature)

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(Date) (Title)

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**Please include the applicable unit of measurement for each answer:**

1. How much hazardous waste does your company currently have in storage?

\_\_\_\_\_

2. Over how much time has this amount (from question 1) been accumulating?

\_\_\_\_\_

3. Approximately how much hazardous waste does your company produce monthly?

\_\_\_\_\_