# sanitation

DS 1945 (4.14)

**BUREAU OF FISCAL SERVICES**
PROFEE Unit
59 Maiden Lane, 5th Floor
New York, New York 10038
Telephone (646) 885-0880
(646) 885-0808

Dear New York City Professional:

Prior to 1992, the Department of Sanitation was not authorized to collect and dispose of solid waste generated by commercial establishments doing business in residential buildings in New York City. Local Law 41 of 1992 and Sanitation rules now enable the Department to offer you an alternative to private-carter service by establishing a fee-based collection and disposal service for your regular garbage and designated recyclables.

A schedule of the **nonrefundable/nontransferable** annual fees for this service, based on the estimated average number of 20-gallon bags of solid waste — including recyclables — that your business generates per week, is set forth on the application.

The advantages of this Department of Sanitation service include convenience and cost savings. You may qualify if you are in a Sanitation-serviced building and you meet any one of the following criteria:

- You are authorized by law to engage in an occupation in a residential location that also serves as your home.
- You or your group are a licensed New York State physicians, dentists, accountants, lawyers, chiropractors, or other licensed professions whose practice is located in a basement or on the first or second floor of a residential building.
- You are engaged in a profession located in a residential portion of the building, that has been used for the same occupational purpose since December 15, 1961.

As provided by the City's Recycling Law, Local Law 19 of 1989, you are required to separate all designated recyclable materials.

The Department of Sanitation will not collect and dispose of regulated medical waste or laboratory or surgical waste from you. If your business generates regulated medical waste, federal and state laws and regulations require you to contract with a specially licensed hauler for regular collection and disposal of all regulated medical waste.

If you wish to apply for the Department's service, please complete the attached application form and return it with a check or money order for the applicable amount, payable to the Department of Sanitation. Upon approval of your application, Sanitation will send an enrollment certificate. Please display the certificate prominently at your service location.

The Department welcomes your participation. Before you enroll, be sure to read the points listed on the reverse side. If you have any questions, please call the **NYC Citizen Service Center at: 311**.

Sincerely,

Kathryn Garcia, Commissioner

PLEASE DETACH THE APPLICATION BELOW

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**APPLICATION FOR**

**WASTE COLLECTION & DISPOSAL SERVICE FOR PROFESSIONALS**

New York City Department of Sanitation's Solid Waste Collection & Disposal Service (including service for recyclable material but excluding regulated medical waste or laboratory or surgical waste) is now available to qualified professionals.

## BILLING INFORMATION

NAME OF PROFESSIONAL

STREET | APT.

CITY | STATE | ZIP

FOR QUESTIONS CONTACT | TITLE | PHONE ( )

E-MAIL | PROFESSIONAL LICENSE NO.

PLEASE INDICATE YOUR PROFESSION

☐ Physician ☐ Dentist ☐ Psychologist ☐ Physical Therapist ☐ Chiropractor
☐ Speech Pathologist ☐ Audiologist ☐ Optometrist ☐ Lawyer
☐ Other: _____

Indicate site for which you are requesting collection and disposal service for solid waste, including separate designated recyclable materials. Please check estimated average number of 20-gallon bags generated per week at your site. All applicant estimates are subject to verification by the Department of Sanitation. A schedule of **non-refundable/non-transferable** annual fees, including 8.875% state sales tax, is set forth below.

| COLLECTION LOCATION | DOES BUILDING NOW RECEIVE NYC SANITATION SERVICE? | CHECK AVERAGE BAGS / WEEKLY | ANNUAL COST (INCLU. TAX) | TOTAL AMOUNT DUE |
|---|---|---|---|---|
| STREET / APT. | ☐ YES ☐ NO | ☐ Up to 5 | $ 329.89 | $ |
| CITY / STATE / ZIP | | ☐ 6 to 10 | $ 612.97 | |
| | | ☐ 11 to 15 | $ 896.04 | |
| | | ☐ 16 to 20 | $1,179.12 | |

**DO NOT WRITE IN SHADED AREA**

| ☐ CHK. NO. ☐ M/O NO. | BANK | AMOUNT | CYCLE CODE | BY/ INIT |
|---|---|---|---|---|
| | | | | |

| | DATE | ACCOUNT NO. |
|---|---|---|
| | | |

## READ THIS BEFORE YOU DECIDE!

* Before you sign up for our service, you should determine whether you have any conflicting legal obligations under any existing contracts with private waste haulers.

* Under existing law, if your business operates in a residential building you must arrange for solid waste collection and disposal service from either a private waste hauler or this City program.

* To qualify for this service, your service location must be in a building which is already receiving our residential collection service.

* Several professionals occupying the same office can pool their refuse and apply as a group, but the application must be in the name of a licensed professional in the group.

* Remember to sign your application.

* Include your check for the full amount due.

* **Your fee is non-refundable/non-transferable.**

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## APPLICANT'S AGREEMENT AND ACKNOWLEDGMENTS

a) The Applicant acknowledges that the Commissioner of the Department of Sanitation (the "Commissioner") has the right to determine eligibility for service or for continued service under section 753 of the New York City Charter. The Applicant further acknowledges that the provision of such services is subject to interruption or termination based on the availability and capacity of Department facilities as determined by the Commissioner. The Applicant also acknowledges that the Commissioner has the right to interrupt service in the event of emergency or uncontrollable conditions including, but not limited to, those caused by snow, ice or labor strikes. **Department rules provide that Applicant requests for termination of service will not result in refunds.**

b) The Applicant acknowledges that only solid waste shall be placed out for collection, including separate designated recyclable materials. In no event shall the Applicant put out regulated medical waste or laboratory or surgical waste for collection by the Department. The terms solid waste, designated recyclable materials and regulated medical waste are defined in the Department's rules.

c) The Applicant expressly agrees that, in the event that services are terminated or interrupted for any reason, (1) neither the Applicant nor its employees, agents or representatives shall have any claim or right against the Department or the City of New York for actual or consequential damages of any kind; (2) the Applicant shall be solely responsible for ensuring that its solids waste is properly placed out for collection and disposal and does not create health hazards or emergency conditions.

I HEREBY CERTIFY THAT ALL STATEMENTS MADE HEREIN ARE TRUE AND ACCURATE.

| YOUR SIGNATURE | DATE SIGNED |
|---|---|
| | |

Your payment in full must accompany this application. Payment must be by bank or postal money order or by a check drawn on any bank which has a branch in New York City; do not send cash. Your receipt, in the form of a certificate, will be mailed in approximately to weeks. Please display it prominently.

Make your check or money order payable to the Department of Sanitation and return it with the completed application. The mailing address is:

**FISCAL SERVICES**
**DEPARTMENT OF SANITATION**
**59 MAIDEN LANE, 5TH FLOOR**
**NEW YORK, NY 10038**