Business Integrity Commission

APPLICATION FOR
TRADE WASTE REMOVAL SUBCONTRACT AUTHORIZATION

(TO BE FILLED OUT BY SUBCONTRACTOR)

---------- **OFFICE USE ONLY** ----------

APPLICATION #: _____ **DATE RECEIVED:** _____

RECEIVED BY: _____

APPROVED: _____ **EXPIRES:** _____

PART I – BUSINESS IDENTIFYING INFORMATION

1. Subcontractor Business Name: _____

2. Subcontractee Business Name: _____

PART II – SUBCONTRACTED LOCATION IDENTIFYING INFORMATION

1. Name: _____

*As listed on Customer Register

2: Categorization of Location (Restaurant, Store, Office, etc.) _____

3. Address: _____

4. Business Telephone No.: _____

5: Primary Contact: _____

6. Primary Contact Telephone No.: _____

7. Fax Number: _____ 8. E-Mail Address: _____

9. Contract Term: _____ 10. Days Serviced (M/T/W/R/F/Sa/Su): _____

Please complete individual applications for all additional locations.

Part III – SUBCONTRACTING AGREEMENT INFORMATION

1. Proposed Effective Date:* _____

* Must be at least thirty (30) days after date application is submitted, in accordance with Title 16A, §5-05(b) of the Rules of the City of New York. If a more immediate effective date is required, please attach a letter providing a brief justification to be reviewed by the Commission.

2. Proposed End Date, if applicable: _____

3. Please describe the business justification behind the subcontracting agreement. If your response includes a discussion of your company's route location or density, please provide all related route maps.

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4. Please describe the financial arrangements of the agreement and provide a copy of all affected contracts or proposed contracts.

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5. Please find an attached form letter to be completed and sent by the subcontractor to the affected commercial establishment by certified mail within fifteen (15) days of the effective date of the subcontract. Retain receipt of delivery. Notification letter shall not be sent prior to subcontract approval.

_____
(Signature of Subcontractor Principal)

_____
(Date)