



NEW HAVEN TRANSFER STATION

LICENSE & PERMIT FEES

The New Haven Solid Waste & Recycling Authority ("the Authority") transfer station license fee varies by vehicle weight (see below). Please include a copy of your vehicle(s) registration, as proof of weight. A license enables you to access the Authority's Transfer Station with one (1) permitted vehicle for one (1) year. Additional vehicle permits are available at a cost of \$16.00 for each additional vehicle. Roll-off containers are \$26.00 per container.

The application process for access to the Authority's Transfer Station includes completion of a Disclosure and Certification Affidavit and a Personal Property Declaration form, if applicable. These forms, as well as the license application and permit application, are included in this packet. They are also available for pick up at the Authority office, 14 Trumbull Street, New Haven, CT 06511 or the New Haven Public Works Department at 34 Middletown Avenue, New Haven, CT 06513.

Completed and notarized forms should be returned to the Authority's executive offices for review and approval. Failure to include these forms with your application will result in its denial by the Authority and subject the applicant to penalty for illegal disposal of waste, waste products, or recyclables.

Thank you for your interest in the New Haven Solid Waste & Recycling Authority's Transfer Station. Further questions should be directed to the Authority's executive/administrative office at 14 Trumbull Street, Suite 102, New Haven, CT 06511 or call (203) 691-5374.

Vehicles weighing less than 5,000 lbs. (tare weight)	\$130.00
Vehicles weighing within the range of 5,001-12,000 lbs. (tare weight)	\$260.00
Vehicles weighing in excess of 12,001 lbs. (tare weight)	\$775.00
Per year permit fee for each additional vehicle	\$16.00
Per year for each roll off container	\$26.00



LICENSE FOR REFUSE DISPOSAL

New Haven Solid Waste & Recycling Authority

LICENSEE:

Company Name

1 - Select weight range of heaviest vehicle:

<5,000 lbs 5,000 to 12,000 lbs >12,000 lbs

Street Address

2 - Enter number of vehicles:

Address 2

3 - MSW collector within the City of New Haven?

Yes No

City

State

Zip

Contact Name

Phone Number

License Fee: _____

Collector's License: _____

Permit Fee: _____ (/add'l vehicle)

TOTAL YEARLY FEE* _____** If completing this form manually, see fee structure below*

NEW HAVEN SOLID WASTE AND RECYCLING AUTHORITY ("NHSWRA") GRANTS LICENSEE THE RIGHT TO DUMP AT NHSWRA'S REFUSE DISPOSAL FACILITY, 260 MIDDLETOWN AVENUE, NEW HAVEN, CT 06513, SUBJECT TO THE FOLLOWING CONDITIONS, AS PER CHAPTER 17, ARTICLE XVI, SECTION 17-123 ET SEQ. OF THE CODE OF GENERAL ORDINANCES OF THE CITY OF NEW HAVEN, AS AMENDED (THE "CODE").

- a. REFUSE DUMPED AT THE REFUSE DISPOSAL FACILITY IS LIMITED TO EITHER REFUSE THAT HAS ORIGINATED WITHIN THE CITY LIMITS OF NEW HAVEN OR HAS BEEN CONVEYED BY THE CITY'S CONTRACTUAL FACILITY OPERATOR, OR IT'S CUSTOMERS, AND SHALL IN ALL INSTANCES CONFORM TO THE CODE, NHSWRA REGULATIONS, AND CONNECTICUT GENERAL STATUTES, SECTIONS 7-273AA – 723PP, INCLUSIVE, AS AMENDED (COLLECTIVELY, "APPLICABLE LAW").
- b. REFUSE MAY BE DUMPED ONLY BETWEEN 6:00 AM AND 3:00 PM MONDAY THROUGH FRIDAY, INCLUSIVE. NO DUMPING SHALL BE PERMITTED ON SATURDAY, SUNDAY, OR LEGAL HOLIDAYS.
- c. LICENSEE SHALL NOT SALVAGE MATERIAL FROM THE REFUSE DISPOSAL FACILITY.
- d. LICENSEE MUST OBTAIN AN ANNUAL PERMIT FROM NHSWRA FOR EACH VEHICLE USING THE REFUSE DISPOSAL FACILITY. THE LICENSEE SHALL BE RESPONSIBLE TO SECURE, MAINTAIN, AND PROVIDE PROOF OF INSURANCE COVERAGE, AS REQUIRED PER SECTIONS 17-125 (1) – (4) OF THE CODE. REQUIRED PROOF OF INSURANCE IS SET FORTH IN EXHIBIT A, PART I, OF THIS LICENSE.
- e. LICENSEE SHALL BE AND REMAIN CURRENT CONCERNING PAYMENT OF ANY ARREARAGE FOR TAXES, FEES, AND ANY OTHER OBLIGATIONS TO NHSWRA AND/OR THE CITY OF NEW HAVEN, AS REQUIRED PER THE CODE, INCLUDING WITHOUT LIMITATION SECTION 17-125(5), AND APPLICABLE LAW.
- f. LICENSEE SHALL CONFIRM THAT EVERY VEHICLE OPERATING IN NEW HAVEN IS EQUIPPED WITH A GLOBAL POSITIONING SYSTEM (GPS) THAT MAINTAINS A HISTORICAL RECORD, FOR AT LEAST FIFTEEN (15) DAYS, OF TIME AND LOCATION WHERE AND WHEN VEHICLE OPERATED. IT IS THE RESPONSIBILITY OF LICENSEE TO REQUIRE EACH DRIVER TO ACTIVATE THE GPS WHEN OPERATING IN NEW HAVEN, AS REQUIRED PER THE CODE, INCLUDING WITHOUT LIMITATION SECTION 17-125(6)
- g. LICENSEE SHALL PAY THE REFUSE DISPOSAL PER TON CHARGE AS IS ESTABLISHED BY NHSWRA.
- h. ANY LICENSEE COLLECTING MUNICIPAL SOLID WASTE (MSW) AND/OR RECYCLABLES IN THE CITY OF NEW HAVEN MAY ENGAGE IN BUSINESS OPERATIONS BETWEEN THE HOURS OF 5:00 AM AND 10:00 PM MONDAY THROUGH SATURDAY IN THE COLLECTION AREAS SET FORTH IN EXHIBIT A, PART II, OF THIS LICENSE), AS REQUIRED PER THE CODE, INCLUDING WITHOUT LIMITATION SECTION 17-129(C)(1)-(3). IN ALL OTHER AREAS OF THE CITY OF NEW HAVEN, NO COMMERCIAL WASTE COLLECTORS SHALL ENGAGE IN BUSINESS OPERATIONS UNDER THIS LICENSE, EXCEPT BETWEEN THE HOURS OF 6:00 AM THROUGH 10:00 PM, AS PER THE CODE, INCLUDING WITHOUT LIMITATION SECTION 17-129(D).

- i. PURSUANT TO THE CODE, INCLUDING WITHOUT LIMITATION SECTION 17-132, VIOLATION OF ANY OF THE ABOVE PROVISIONS OF THIS LICENSE SHALL BE GROUNDS FOR IMMEDIATE SUSPENSION OR REVOCATION OF THIS LICENSE, SUBJECT TO REVIEW BY THE EXECUTIVE DIRECTOR OF NHSWRA. VIOLATORS ARE SUBJECT TO A FINE OF NOT MORE THAN THE MAXIMUM AMOUNT SET FORTH IN APPLICABLE LAW, PER OCCURRENCE, AND EACH DAY THAT SUCH VIOLATION CONTINUES SHALL CONSTITUTE A SEPARATE VIOLATION. IN ADDITION, VIOLATORS SHALL BE SUBJECT TO, AND LIABLE FOR, ANY AND ALL PENALTIES, LOSSES AND EXPENSES (INCLUDING INTEREST, COURT COSTS, COSTS OF INVESTIGATORS, FEES AND EXPENSES OF ATTORNEYS, ACCOUNTANTS, AND OTHER EXPERTS, AND OTHER EXPENSES OF LITIGATION) ARISING OUT OF OR RELATING TO, (i) VIOLATIONS OF ANY OF THE PROVISIONS OF THIS LICENSE, AND (ii) NHSWRA'S COLLECTIONS AND ENFORCEMENT ACTIONS FOR ANY SUCH VIOLATIONS.

NEW HAVEN SOLID WASTE & RECYCLING AUTHORITY

LICENSEE - Sign here and print name below

BY: _____ LICENSEE DATE: _____

NHSWRA - Sign here and print name below

BY: _____ NHSWRA DATE: _____

----- OFFICE USE ONLY BELOW THIS LINE -----

License Number:

Issue Date:

Expiration Date:

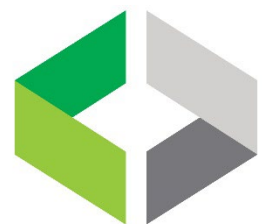


EXHIBIT A.

PART I.

**PROOF OF INSURANCE REQUIRED FOR COMMERCIAL MSW HAULERS AT
NHSWRA TRANSFER STATION**

A.) GENERAL LIABILITY:

1. Two hundred fifty thousand (\$250,000.00) for property damage per occurrence OR five hundred thousand (\$500,000.00) combined single limit.

B.) AUTOMOBILE LIABILITY:

1. Five hundred thousand (\$500,000.00) for property damage; and
2. Two hundred fifty thousand (\$250,000.00) for bodily injury per person
3. Fifty thousand (\$50,000.00) for bodily injury per accident; OR
4. Five hundred thousand (\$500,000.00) combined single limit for each vehicle used in the business operation licensed, that does not require a commercial driver's license (CDL).

C.) AUTOMOBILE LIABILITY:

1. One Million (\$1,000,000.00) for property damage;
2. Five Hundred thousand (\$500,000.00) for bodily injury per person; and
3. One Million (\$1,000,000.00) for bodily injury per accident, OR
4. One Million (\$1,000,000.00) combined single limit, for each vehicle used in the business operations licensed, that does require a commercial driver's license (CDL).

PART II.

City of New Haven Collection Areas and Hours

A.) Between the hours of 5:00 AM and 10:00 PM

COLLECTION AREA 1: Downtown area bounded by North Frontage Street, State Street, south of Trumbull Street, Prospect Street, Grove Street, Tower Parkway and Howe Street.

COLLECTION AREA 2: Yale New Haven Hospital area bounded by South Frontage Street, Congress Avenue, and Howard Avenue.

COLLECTION AREA 3: Hospital of Saint Raphael area bounded by Sherman Avenue, Chapel Street, Orchard Street, and George Street.

B.) Between the hours of 6:00 AM and 10:00 PM

In all other areas of the City, no commercial waste collector shall engage in the business operations under this License to collect waste or recyclables except between the hours of 6:00 AM through 10:00 PM.

FORM 3

NOTE: If you need more than three permits, either print multiple copies of this page and complete manually, or complete this form and save it electronically, then open up a new blank form for every 3 permits.



NEW HAVEN SOLID WASTE & RECYCLING AUTHORITY			
IMPORTANT: You must complete one section for each vehicle and include a copy of the current vehicle registration.			
Vendor:		Vehicle Make:	
Address:		Model:	
		Year:	DMV Plate:
City / State / Zip:		Body Type:	Color:
Transfer Station License No:		VIN #:	Tare Weight:
----- OFFICE USE ONLY BELOW THIS LINE -----			
Vehicle Permit No.		Issued By:	Date: Expiration:

NEW HAVEN SOLID WASTE & RECYCLING AUTHORITY			
IMPORTANT: You must complete one section for each vehicle and include a copy of the current vehicle registration.			
Vendor:		Vehicle Make:	
Address:		Model:	
		Year:	DMV Plate:
City / State / Zip:		Body Type:	Color:
Transfer Station License No:		VIN #:	Tare Weight:
----- OFFICE USE ONLY BELOW THIS LINE -----			
Vehicle Permit No.		Issued By:	Date: Expiration:

NEW HAVEN SOLID WASTE & RECYCLING AUTHORITY			
IMPORTANT: You must complete one section for each vehicle and include a copy of the current vehicle registration.			
Vendor:		Vehicle Make:	
Address:		Model:	
		Year:	DMV Plate:
City / State / Zip:		Body Type:	Color:
Transfer Station License No:		VIN #:	Tare Weight:
----- OFFICE USE ONLY BELOW THIS LINE -----			
Vehicle Permit No.		Issued By:	Date: Expiration:

WASTE COLLECTOR'S LICENSE APPLICATION

Date of Application

Name of Waste Collector's Company

Company Address

Primary Contact Name

Primary Contact Phone#

If company is a Corporation list directors and officers

Title	Name	Address

of Vehicles Requiring Permit ID's under this License

Vehicle information (attach additional pages if needed)

Make	Model	Year	License #	Tare Weight
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

----- OFFICE USE ONLY BELOW THIS LINE -----

COLLECTOR'S LICENSE NO.

CITY OF NEW HAVEN

New Haven, Connecticut 06510

DISCLOSURE &
CERTIFICATION AFFIDAVIT

EVERY SECTION MUST BE COMPLETED

For help completing this form contact 203-946-8201

Contractor/Vendor Name:	
Address:	
Telephone and/or Fax #:	
Email Address:	
Contact Person:	

For the purposes of this Disclosure and Certification Affidavit, the following definitions apply:

(a)	"Person" means one (1) or more individuals, partnerships, corporations, associations, or joint ventures.
(b)	"Contract" means any agreement or formal commitment entered into by the city to expend funds in return for work, labor, services, supplies, equipment, materials or any combination of the foregoing, or any lease, lease by way of concession, concession agreement, permit, or per agreement whereby the city leases, grants or demises property belonging to the city, or otherwise grants a right of privilege to occupy or to use said property of the city.
(c)	"City" means any official agency, board, authority, department office, or other subdivision of the City of New Haven.
(d)	"Affiliate Entity" means any entity listed in sections 9 or 10 below or any entity under common management with the Contractor.

State of			County of		
I,			being first duly sworn, hereby deposes and says that:		
	(type or print your name above)				
1.	I am over the age of 18 and understand the obligations of making statements under oath; I understand that the City of New Haven is relying on my representations herein.				
2a.	I am the corporate secretary or majority owner (including sole proprietorship) of		Insert Company Name above		
2b.	Or I am an individual and my name is:		if an individual, insert your name above		
3.	I am fully informed regarding the preparation and terms of the above referenced agreement (the "Agreement") and of all pertinent circumstances related thereto.				
4.	Please select the applicable representation(s) regarding taxes or, if none of the below are accurate, attach an explanation of the status of the relevant tax obligations to this Affidavit (mark an "X" in the appropriate box or "NA" if none apply).				
4a.	As required by Conn. Gen. Stat. §12-41, the Contractor (and each owner, partner, officer, authorized signatory or Affiliate Entity of the Contractor) has filed a list of taxable personal property with the City of New Haven for the most recent grand list and all taxes are current.				
4b.	The Contractor (including any owner, partner, officer or authorized signatory thereof) is not required to file a list of taxable personal property with the City of New Haven for the most recent grand list and does not owe any back taxes to the City of New Haven, either directly or through a lease or other agreement.				
4c.	The Contractor or an owner, partner, officer, representative, agent or Affiliate Entity of the Contractor either i) has a PILOT agreement with the City of New Haven or ii) owes back taxes and has executed an agreement with the City of New Haven to pay said back taxes in installment payments. Such agreement is attached and incorporated herein by reference and the payments under said agreement are not in default.				
5.	Other than as may be described in section 4 above, the Contractor (including any owner, partner, officer, other authorized signatory, or Affiliate Entity) does not have any outstanding monetary obligations to the City of New Haven.				
6.	Please select the applicable representation about the Contractor's business registration:				
6a.	Contractor is a Connecticut corporation, partnership, limited liability company or sole proprietorship and its Connecticut Secretary of the State Business ID #:			Insert State Registration # above	
6b.	Contractor is a foreign corporation, partnership, limited liability company or sole proprietorship but is registered to do business in the State of Connecticut. The Contractor's Connecticut Secretary of the State Business ID #:			Insert State Registration # above	
6c.	Contractor is a foreign corporation, partnership, limited liability company or sole proprietorship and is not registered to do business in the State of Connecticut. The Contractor is registered in the State of:			Please insert State name above	
Contractor has confirmed with the Connecticut Secretary of the State that the services it will provide pursuant to the Agreement do not constitute doing business in the State of Connecticut and no registration with the Connecticut Secretary of the State is required. Contractor does otherwise have the following State of Connecticut registrations, certificates or approvals relevant to the Agreement (if not applicable, state N/A).					

7. The following list is a list of the names of all persons affiliated with the business of the Contractor who are also affiliated with the City of New Haven. For purposes of this Affidavit, "affiliated with the business of the Contractor" includes any current or former employee (including officers) of the Contractor or any owner, board member or agent of the Contractor, or of any subsidiary or parent company of the Contractor, and "affiliated with the City of New Haven" means any employee, agent, public official, board member, commissioner or any other person serving in an official capacity for or on behalf of the City of New Haven. If none state none. Use additional sheet if necessary (must be on company letterhead and notarized):

	Name	City Affiliation Role & Time Frame	Contractor Affiliation Role & Time Frame	DOB
1				
2				

8. The following list is a list of all contracts in which either the Contractor, any person affiliated with the business of the Contractor or an Affiliate Entity of the Contractor provides, or has provided, services or materials to the City within one (1) year prior to the date of this disclosure. If none, state none. Use additional sheet if necessary (must be on company letterhead and notarized):

	Name of Contractor or Affiliate	Affiliation (if applicable)	Contract Number	DOB
1				
2				

9. The Contractor possesses an ownership interest in the following business organizations, if none, state none. Use additional sheet if necessary (must be on company letterhead and notarized):

	Organization Name	Address	Type of Ownership
1			
2			

10. The following persons and/or entities possess an ownership interest in the Contractor. If the Contractor is a corporation, list the names of each stockholder whose shares exceed twenty-five (25) percent of the outstanding stock. If none, state none. Use additional sheet if necessary (must be on company letterhead and notarized):

	Name	Title	% of Ownership	DOB
1				
2				

11. If the Contractor conducts business under a trade name, the following additional information is required: the place where such entity is incorporated or is registered to conduct such business; and the address of its principal place of business, if none, state none. Use additional sheet if necessary (must be on company letterhead and notarized):

	TRADE NAME	PLACE OF INCORPORATION/REGISTRY	PRINCIPAL PLACE OF BUSINESS
1			
2			

I hereby certify that I am duly authorized to sign this Affidavit and that the person who will sign the Agreement with the City on behalf of the Contractor will be duly authorized to execute the same. I hereby further certify that the statements set forth above are true and complete on the date hereof and that I, or another authorized individual of the Contractor, will promptly inform the City, in writing, if any of the information provided herein changes or is otherwise no longer accurate at any point during the execution of the above referenced Agreement. I understand that any incorrect information, omission of information or failure of the Contractor to update this information, as described in the foregoing sentence, may result in the immediate termination of any and all agreements the Contractor has with the City of New Haven and disqualification of the Contractor to further contract with the City.

Signature & Title of person completing this form:			
THIS FORM MUST BE NOTARIZED			
Signature of Notary:		NOTARY SEAL (if available)	
Subscribed and sworn to, before me on this:		Day of	20__
My Commission Expires:			

This form should be mailed or emailed to the contracting department or included with a specific solicitation.

(This form shall be updated if the Agreement contemplated hereby is not executed within six months of the date hereof.)



Connecticut Department of Energy and Environmental Protection (DEEP)
Bureau of Materials Management & Compliance Assurance
79 Elm Street - 4th Floor
Hartford, CT 06106-5127

CONNECTICUT SOLID WASTE COLLECTOR ANNUAL SOLID WASTE REPORTING FORM *to be Submitted to MUNICIPALITIES* FY _____

This form must be completed and submitted by collectors (i.e. haulers) of solid waste and recyclables by **July 31st** for the previous Fiscal Year (i.e., July 1-June 30) to the CT municipality in which they collect. Please contact the municipality in which you collect for further instruction. Unless otherwise instructed by the municipality, completed reports should be submitted to the Municipal Recycling Contact.

COLLECTOR/HAULER - CONTACT INFORMATION:

Collector Name: Contact Person: Phone #: E-mail:

Address Street: Town: State: Zip Code:

Mailing Address:

Part 1 - Recyclables Collected from within the Town/City of:

(A) RECYCLABLE ITEMS COLLECTED ¹	(B) SOURCE OF RECYCLABLES		(C) 1 ST DESTINATION OF RECYCLABLES	(D) TONS ³ Only report tons if destination is not a CT permitted SW facility
	(B-1) Residential or Non-Residential ² (check all that apply)	(B-2) Waste Stream		
	<input type="checkbox"/> Residential <input type="checkbox"/> NonResidentia <input type="checkbox"/> Mix-Res&NonRes	<input type="checkbox"/> MSW <input type="checkbox"/> C&D Waste <input type="checkbox"/> LandClearing		
	<input type="checkbox"/> Residential <input type="checkbox"/> NonResidentia <input type="checkbox"/> Mix-Res&NonRes	<input type="checkbox"/> MSW <input type="checkbox"/> C&D Waste <input type="checkbox"/> LandClearing		
	<input type="checkbox"/> Residential <input type="checkbox"/> NonResidentia <input type="checkbox"/> Mix-Res&NonRes	<input type="checkbox"/> MSW <input type="checkbox"/> C&D Waste <input type="checkbox"/> LandClearing		
	<input type="checkbox"/> Residential <input type="checkbox"/> NonResidentia <input type="checkbox"/> Mix-Res&NonRes	<input type="checkbox"/> MSW <input type="checkbox"/> C&D Waste <input type="checkbox"/> LandClearing		
	<input type="checkbox"/> Residential <input type="checkbox"/> NonResidentia <input type="checkbox"/> Mix-Res&NonRes	<input type="checkbox"/> MSW <input type="checkbox"/> C&D Waste <input type="checkbox"/> LandClearing		
	<input type="checkbox"/> Residential <input type="checkbox"/> NonResidentia <input type="checkbox"/> Mix-Res&NonRes	<input type="checkbox"/> MSW <input type="checkbox"/> C&D Waste <input type="checkbox"/> LandClearing		

Part 1 - Recyclables Collected from within the Town/City of:

(A) RECYCLABLE ITEMS COLLECTED ¹	(B) SOURCE OF RECYCLABLES		(C) 1 ST DESTINATION OF RECYCLABLES	(D) TONS ³ Only report tons if destination is not a CT permitted SW facility
	(B-1) Residential or Non-Residential ² (check all that apply)	(B-2) Waste Stream		
	<input type="checkbox"/> Residential <input type="checkbox"/> NonResidentia <input type="checkbox"/> Mix-Res&NonRes	<input type="checkbox"/> MSW <input type="checkbox"/> C&D Waste <input type="checkbox"/> LandClearing		
	<input type="checkbox"/> Residential <input type="checkbox"/> NonResidentia <input type="checkbox"/> Mix-Res&NonRes	<input type="checkbox"/> MSW <input type="checkbox"/> C&D Waste <input type="checkbox"/> LandClearing		
	<input type="checkbox"/> Residential <input type="checkbox"/> NonResidentia <input type="checkbox"/> Mix-Res&NonRes	<input type="checkbox"/> MSW <input type="checkbox"/> C&D Waste <input type="checkbox"/> LandClearing		
	<input type="checkbox"/> Residential <input type="checkbox"/> NonResidentia <input type="checkbox"/> Mix-Res&NonRes	<input type="checkbox"/> MSW <input type="checkbox"/> C&D Waste <input type="checkbox"/> LandClearing		

¹ Categories of recyclable items collected include but are not limited to: (1) Dual stream in same collection truck (bottles & cans, paper); (2) Single stream mix of bottles, cans, paper; (3) Bottle bill containers collected separately from other bottles & cans; (4) Boxboard collected separately; (5) Brush; (5) Corrugated collected separately; (6) Glass containers collected separately; (7) Gypsum wallboard collected separately; (8) Food waste; (9) High grade white office paper collected separately; (10) Lead acid storage batteries; (11) Leaves; (12) Magazines collected separately; (13) Metal containers collected separately; (14) Newspaper collected separately; (15) Plastic containers collected separately; (16) Scrap metal; (17) Wood

- **Any waste (other than waste oil) burned is considered disposed.**

² Residential sources means real estate containing one or more dwelling units. **Condominiums and apartments are residential sources of recyclables. Hospitals, motels or hotels are "nonresidential"** - CGS Section 22a-220a(a).

³ Mandatory to report tons if the 1st destination of the recyclables is **out-of-state** or is **an end user** (e.g. paper mill, manufacturer, etc.). Ideally, tonnages should be reported for **recyclables** which never pass through a CT-permitted solid waste facility.

Part 2 – Other Solid Waste (i.e. other than source separated recyclables reported in Part 1) Collected within the Town/City of:

(A) TYPE OF WASTE	(B) Name and Address of 1 ST DESTINATION for Other Solid Waste (not recyclables)	(C) TONS ⁴ Only report tons if destination is not a CT permitted SW facility
MSW		
OVERSIZED MSW – i.e. furniture, carpets, mattresses, etc		
CONSTRUCTION & DEMOLITION WASTE		

Part 2 – Other Solid Waste (i.e. other than source separated recyclables reported in Part 1)
Collected within the Town/City of:

(A) TYPE OF WASTE	(B) Name and Address of 1 ST DESTINATION for Other Solid Waste (not recyclables)	(C) TONS ⁴ Only report tons if destination is not a CT permitted SW facility
LANDCLEARING – Logs & stumps		
Other – Specify:		
Other – Specify:		

⁴ Mandatory to report tons if the 1st destination is *out-of-state*.

Ideally, tonnages should be reported for **waste** which never passes through a CT-permitted solid waste facility.

(Please use back of form or additional pages if more space is needed)

Part 3 - Certification and Signature

This report, which is required to be submitted to each municipality in which your company collects solid waste (including recyclables) on a regular basis, shall be signed by your company's chief executive officer or a duly authorized representative of such officer and by the individual(s) responsible for actually preparing this document. Each such individual shall certify in writing as follows:

"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify, based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, that the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that any false statement made in the submitted information may be punishable as a criminal offense under §53a-157b of the Connecticut General Statutes and any other applicable law."

Collector/Hauler- Chief Executive Officer

Signature of Chief Executive Officer
or Authorized Representative:

Date:

Printed Name of Chief Executive Officer or
Authorized Representative:

Person Responsible for Preparing this Report

Signature of Person Preparing this
Report

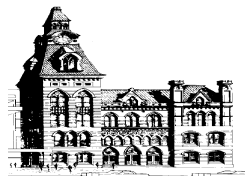
Date:

Printed Name of Person Preparing this
Report:

Title:



**DEPARTMENT OF ASSESSMENT
CITY OF NEW HAVEN
165 CHURCH STREET
NEW HAVEN, CT 06510
assessor@newhavenct.gov
Phone: (203) 946-4800
Fax: (203) 946-7122**



**M-PPD-S
State of CT OPM**

2024 Declaration of Personal Property Short Form

Who Should File: All owners of taxable personal property. If you no longer own the above noted business or personal property assessed in your name last year, you need only to complete the AFFIDAVIT OF BUSINESS CLOSING OR MOVE OF BUSINESS OR SALE OF BUSINESS below and return this declaration to the Assessor. If you do not, the Assessor must assume that you are still operating the business or still own and have failed to declare your taxable personal property.

Complete: Complete the entire declaration. Writing "Same as last year" is not acceptable. Do not forget the DETAILED LISTING OF DISPOSED ASSETS REPORT (page 2) and the LESSEE'S LISTING REPORT (page 4).

Signature Required: The owners shall sign the DECLARATION OF PERSONAL PROPERTY AFFIDAVIT (page 4). The owner's agent may sign the

declaration, in which case the declaration must be duly sworn to or notarized.

Extension: The Assessor may grant a filing extension *for good cause* (CGS §12-42). If a request for an extension is needed, you need to **request the filing extension in writing on or before November 1, 2024.**

Penalty for late filing – The Declaration of Personal Property must be signed and delivered or postmarked to the Assessor of this Town no later than Friday, November 1, 2024 to avoid a 25% Penalty for failure to file.

Deadline to File: Friday, November 1, 2024

Check Off List:

- ☐ Read instructions
- ☐ Complete appropriate sections
- ☐ Complete exemption applications
- ☐ Complete disposed asset report
- ☐ Corporations complete all of page 3
- ☐ Make a copy for your records
- ☐ Sign, date & witness as required on page 4
- ☐ Return by November 1, 2024

AFFIDAVIT OF BUSINESS TERMINATION OR MOVE OR SALE OF BUSINESS OR PROPERTY

I _____ of _____ at _____
Business or property owners name Business Name (if applicable) Street location in «Town»

With regards to said business or property I do so certify that on _____ Said business or property was (Please ☒ appropriate box):

Date

☐ SOLD TO:

Name

Address

☐ MOVED TO:

City/Town and State to where business or property was moved

Address

☐ TERMINATED:

Attach Bill of Sale or Letter of dissolution to this form and return it with this affidavit to the Assessor's office

The signer is made aware that the penalty for making a false affidavit is a \$500.00 fine or imprisonment for one year or both.

Signature

Print name

This form may NOT be used by utility companies, telecommunication companies, lessors,
or persons claiming manufacturing machinery and equipment (Codes 10 or 13)

2024 DECLARATION OF PERSONAL PROPERTY – SHORT FORM

Commercial and financial information is not open to public inspection.

TAXABLE PROPERTY INFORMATION Give actual acquisition costs including any additional charges for transportation and installation by year for each type of property described.

COPY AND ATTACH ADDITIONAL SHEETS IF NEEDED

Circle One	#12 – Commercial Fishing Apparatus or #17 – Farm machinery		Circle One	#18 – Farm Tools or #19 – Mechanics Tools		Assessor's Use Only	
Year Ending	Original cost, installation & transportation	% Good	Year Ending	Original cost, installation & transportation	% Good		
10-1-24		95%	10-1-24		95%		
10-1-23		90%	10-1-23		90%		
10-1-22		80%	10-1-22		80%		
10-1-21		70%	10-1-21		70%		
10-1-20		60%	10-1-20		60%		
10-1-19		50%	10-1-19		50%		
10-1-18		40%	10-1-18		40%		
Prior Yrs		30%	Prior Yrs		30%		
Total		Total	Total		Total		
#16 – Furniture, fixtures and equipment			#20 – Electronic data processing equipment				#12
Year Ending	Original cost, installation & transportation	% Good	Year Ending	Original cost, installation & transportation	% Good		#17
10-1-24		95%	10-1-24		95%		#18
10-1-23		90%	10-1-23		80%		#19
10-1-22		80%	10-1-22		60%		
10-1-21		70%	10-1-21		40%		
10-1-20		60%	Prior Yrs		20%		
10-1-19		50%	Total		Total		
10-1-18		40%	In accordance with Section 168 IRS Codes Computers Only				#16
Prior Yrs		30%					#20
Total		Total					
#23 – Expensed supplies The average is the total amount expended on supplies since October 1, 2023 divided by the number of months in business since October 1, 2023			Year Ending	Total Expended	# of Mos.		Average Monthly
			10-1-24				
#24a – Other Goods including leasehold improvements			#24b -- Rental Entertainment Medium				#23
Year Ending	Original cost, installation & transportation	% Good	Year Ending	Original cost, installation & transportation	% Good		
10-1-24		95%	10-1-24		95%		
10-1-23		90%	10-1-23		80%		
10-1-22		80%	10-1-22		60%		
10-1-21		70%	10-1-21		40%		
10-1-20		60%	Prior Yrs		20%		
10-1-19		50%	Total		Total		
10-1-18		40%	# of video tapes # of DVD movies				
Prior Yrs		30%	# of music CD's # of video games				
Total		Total	24a and 24b Total			#24	

Detailed Listing of Disposed Assets Report- If you disposed of, sold, or transferred a portion of the property included in last year's filing, complete the following. DO NOT INCLUDE DISPOSALS IN TAXABLE PROPERTY INFORMATION

Date Removed	Code #	Description of Item	Date Acquired	Acquisition Cost

DETAILED LISTING OF ASSETS HAVING AN ORIGINAL VALUE LESS THAN \$250 (COPY AND ATTACH ADDITIONAL SHEETS IF NEEDED)

Pursuant to CGS 12-81(79) – Listing of assets purchased prior to 10/1/14 with an original value less than or equal to \$250

Description of Item	Date Acquired	Acquisition Cost

2024 DECLARATION OF PERSONAL PROPERTY – SHORT FORM SUMMARY SHEET

Commercial and financial information is not open to public inspection

Assessment date October 1, 2024

Required return date November 1, 2024

List or Account # _____

Owner's Name _____

Address _____

DBA _____

City/State/Zip _____

Phone / Fax _____ / _____

Street location of personal property in «Town» _____

E-mail _____

Description of business: _____

Type of ownership: ☐ Corporation ☐ Partnership ☐ LLC ☐ Sole Proprietor ☐ Other-Describe _____

Type of business: ☐ Manufacturer ☐ Wholesale ☐ Service ☐ Profession ☐ Retail/Mercantile ☐ Tradesman ☐ Other _____

IRS Business Activity Code _____ Square footage _____ No. of Employees _____

#9 - MOTOR VEHICLES UNREGISTERED MOTOR VEHICLES (E.G. MOTOR HOMES, TENT OR TRUCK CAMPERS, TRAVEL TRAILERS, SNOWMOBILES, UTILITY TRAILERS, PASSENGER CARS, TRACTORS, OFF-ROAD CONSTRUCTION VEHICLES, ETC.) INCLUDING ANY VEHICLE GARAGED IN CONNECTICUT BUT REGISTERED IN ANOTHER STATE. SNOWMOBILES, ATV'S, OR RESIDENTIAL UTILITY TRAILERS USED EXCLUSIVELY FOR PERSONAL USE ARE NOT TO BE REPORTED, CGS 12-81 (82), EFF. 10.1.2024.

Year	Make	Model	Vehicle Identification No. (VIN)	Length	Weight	Purchase Price	Date	MSRP Value

#11 Horses And Ponies Describe your horses and ponies. A \$1,000 assessment exemption per animal will be applied. If you are a farmer, the exemption may be 100% provided Form M-28 is filed with and approved by the Assessor.

Breed	Age	Registered	Sex	Quality: Breeding/Show/Pleasure/Racing	Value

#14 Mobile Manufactured Homes if not currently assessed as real estate

Year	Make	Model	Vehicle Identification No. (VIN)	Length	Width	Bedrooms	Baths	Value

Property Code and Description

Net Depreciated
Value From page 2

#12 - Commercial Fishing Apparatus All fishing apparatus exclusively used by a commercial fisherman in the business (e.g., fishing poles, nets, lobster pots, fish finders, etc.). A \$500 value exemption will be applied.

#16 - Furniture & Fixtures Furniture, fixtures and equipment of all commercial, industrial, manufacturing, mercantile, trading and all other businesses, occupation and professions. Examples: desks, chairs, tables, file cabinets, typewriters, calculators, copy machines, telephones (including mobile telephones), telephone answering machines, facsimile machines, postage meters, cash registers, moveable air conditioners, partitions, shelving display racks, refrigerators, freezers, kitchen equipment, etc.

#17 - Farm Machinery Farm machinery (e.g., tractors, harrows, brush hogs, hay bines, hay rakes, balers, corn choppers, milking machines, milk tanks, coolers, chuck wagons, dozers, back hoes, hydroponic farm equipment, aquaculture equipment, etc.), used in the operation of a farm.

#18 - Farming Tools Farm tools, (e.g., hoes, rakes, pitch forks, shovels, hoses, brooms, etc.).

#19 - Mechanics Tools Mechanics tools (e.g., wrenches, air hammers, jacks, sockets, etc.).

#20 - Electronic Data Processing Equipment Electronic data processing equipment (e.g., computers, printers, peripheral computer equipment, and any computer-based equipment acting as a computer as defined under Section 168 of the IRS Code of 1986, etc.). Bundled software is taxable and must be included.

#23 - Average Supplies The average monthly quantity of supplies normally consumed in the course of business (e.g., stationery, post-it notes, toner, computer disks, computer paper, pens, pencils, rulers, staplers, paper clips, medical and dental supplies and maintenance supplies, etc.).

#24 - Other All Other Goods, Chattels and Effects Any other taxable personal property not previously mentioned, or which does not appear to fit into any of the other categories. (e.g., video tapes, vending machines, pinball games, video games, signs, billboards, coffee makers, water coolers, leasehold improvements and construction in progress (CIP)).

Total Assessment – all codes #9 through #24

Subtotal >

#25 – Penalty for failure to file as required by statute – 25% of assessment

Exemption - Check box adjacent to the exemption you are claiming:

☐ **I – Farming Tools** - \$500 value ☐ **I – Horses/ponies** \$1000 assessment per animal ☐ **I – Mechanic's Tools** - \$500 value

☐ **K – Municipal Leased** ☐ **M – Commercial Fishing Apparatus** - \$500 value

All of the following exemptions require a separate application and/or certificate to be filed with the Assessor by the required return date

☐ **G & H – Distressed Municipality/Enterprise Zone/Enterprise Corridor Zone** - Exemption application M-55 required annually

☐ **I – Farm Machinery** \$100,000 assessment - Exemption application M-28 required annually

☐ **J – Water Pollution or Air Pollution control equipment** – Connecticut DEEP certificate required – provide copy

Total Net Assessment

Assessor's Final Assessment Total >

ASSESSOR'S USE ONLY

Code ASSESSMENTS

#9

#9

#9

#11

#11

#11

#14

#12

#16

#17

#18

#19

#20

#23

#24

#25

LESSEE'S LISTING REPORT Lessee's Name _____ Pursuant to Connecticut General Statutes §12-57a all leased, borrowed, consigned, loaned, rented, or stored personal property not owned by you but in your possession as of the assessment date must be included on this form. Failure to declare, in the form and manner as herein prescribed, shall result in the presumption of ownership and subsequent tax liability plus penalties. Property you do not lease that may be in your possession and must be reported includes (but is not limited to) dumpsters, gas/propane tanks, vending machines, water coolers, coffee machines.

COPY AND ATTACH ADDITIONAL SHEETS IF NEEDED

- Yes ☐ No ☐ Did you dispose of any leased items that were in your possession on October 1, 2023? If yes, enter a description of the property and the date of disposition in the space to the right. _____
- ☐ ☐ Did you acquire any of the leased items that were in your possession on October 1, 2023? If yes, indicate previous lessor, item(s) and date(s) acquired in the space to the right. _____
- ☐ ☐ Is the cost of any of the equipment listed below declared anywhere else on this declaration? If yes, note year in the 'Year Included' row and list cost in the 'Acquisition Cost' row. _____

	Lease #1	Lease #2	Lease #3
Name of Lessor			
Lessor's address			
Lease Number			
Item description / Model #			
Serial #			
Year of manufacture			
Capital Lease	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Lease Term – Beginning/End			
Monthly rent			
Acquisition Cost			
Year Included			

DECLARATION OF PERSONAL PROPERTY AFFIDAVIT

THIS FORM MUST BE SIGNED (AND IN SOME CASES WITNESSED) BEFORE IT MAY BE FILED WITH THE ASSESSOR.

AVOID PENALTY – IMPROPERLY SIGNED DECLARATIONS REQUIRE A 25% PENALTY

COMPLETE SECTION A OR SECTION B

Section A

OWNER: I DO HEREBY declare under penalty of false statement that all sections of this declaration have been completed according to the best of my knowledge, remembrance, and belief; that it is a true statement of all my personal property liable to taxation; and that I have not conveyed or temporarily disposed of any estate for the purpose of evading the laws relating to the assessment and collection of taxes as per Connecticut General Statutes §12-49.

CHECK ONE ☐ OWNER ☐ PARTNER
☐ CORPORATE OFFICER ☐ MEMBER

Signature _____

Dated _____

Signature/Title

Print or type name

Section B

AGENT I DO HEREBY declare under oath that I have been duly appointed agent for the owner of the property listed herein and that I have full authority and knowledge sufficient to file a proper declaration for him in accord with the provisions of §12-50 C.G.S.

Agent's
Signature _____

Dated _____

Agent's Signature /Title

Print or type agent's name

AGENT SIGNATURE MUST BE WITNESSED

Witness of agent's sworn statement

Subscribed and sworn to before me - _____

Dated _____

Assessor or staff member, Town Clerk, Justice of the Peace, Notary or Commissioner of Superior Court

The Declaration of Personal Property must be signed and delivered or postmarked to the Assessor of this Town no later than Friday, November 1, 2024 to avoid a 25% Penalty for failure to file.