

**PIERCE COUNTY
APPLICATION FOR A WASTE HAULER LICENSE**

FIRM NAME: _____ PHONE NO: _____

ADDRESS: _____

Type of business organization: corporation _____ partnership _____ proprietorship _____

Names (s) of owner (s):

If a corporation, the State of its incorporation _____

If a corporation, list the names and addresses of the Officers _____

If a partnership, list the name and address of the managing partner _____

Municipalities and townships in Pierce County in which waste collection services are provided (list): _____

List vehicles to be included in license for use in your firm's Pierce County solid waste hauling operation:

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Vehicle ID</u> Number	<u>License Plate</u> Number	<u>Capacity</u> (cubic yards)
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- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

(Place additional vehicles on a separate sheet of paper.)

The following information is needed for the Responsible Unit Grant.

License status: _____new _____renewal DNR permit number: _____

Solid Waste Data

Total number of solid waste accounts: _____

Number of Residential accounts: _____

Commercial/Industrial accounts: _____

Tons of solid waste per year: _____

Tons per year from Residential accounts: _____

Commercial/Industrial accounts: _____

OVER

Volume Based Fee System: _____yes _____no

Describe: _____

Pierce County ONLY Recycling Data

Total number of recycling accounts: _____

Number of Residential accounts: _____

Number of Commercial/Industrial accounts: _____

Total Tons of Commingle Fibers recycled per year: _____

Total Tons of Commingle Containers recycled per year: _____

Residential accounts:

Tons of fibers recycled per year _____

Tons of containers recycled per year _____

Commercial/Industrial accounts:

Tons of fibers recycled per year _____

Tons of containers recycled per year _____

List tons per year collected for **Residential** commingle fibers and commingle containers **“not processed” at the Pierce County Recycling Center:**

Commingle Fibers: (Newspaper, Magazines, Cardboard, Office Paper, All Mail) _____

Commingle Containers: (Glass, Aluminum, Tin, Plastics #1 & #2) _____

Name of Insurance Company: _____

Address: _____

Agent’s Name: _____

Phone No: _____

Amount of liability insurance carried: _____

Expiration date of liability insurance policy: _____

Fee Schedule: \$100.00 for each company engaged in waste hauling plus \$10.00 for each collection vehicle to be licensed in Pierce County.

Service providers doing collection and transportation of municipal solid wastes in Pierce County shall notify their clients in writing at the time of entering into a contract or otherwise arranging for services, and annually thereafter, that it is necessary to comply with recycling requirements consistent with all state laws and local ordinances. The service provider shall maintain documentation of this notification for three years. Client is defined as the contracting individual or entity who arranges for collection and transportation service in the case where there is no written contract.

** I certify that the above information is true and correct and that I will comply with the terms of the Pierce County Solid Waste Management Ordinance. I understand that any violation of that Ordinance may result in revocation of this license.

Signature

Title

Date

Signature

Title

Date