



**APPLICATION FOR
MOBILE COUNTY
SOLID WASTE MANAGEMENT PERMIT AND RENEWAL**

Name of Business:

Business Address:

Phone:

Fax:

E-mail:

Owner(s):

Owner(s) address:

Phone:

Fax:

E-Mail:

NOTE: PLEASE ANSWER THE FOLLOWING QUESTIONS. ATTACH ADDITIONAL SHEET IF NECESSARY TO PROPERLY EXPLAIN THE STATEMENTS.

1. List inventory of all motorized equipment or other equipment to be used in such collection, transportation, or disposal.

2. Give method of storage, transport, and processing to be used

3. Give location and type of processing and/or disposal contemplated

4. Give types and amounts of wastes to be covered by permit, including description of project or process generating wastes

5. Give areas to be served, routes to be used in transporting, and pick-up schedules.

6. Proof of all insurance and bonding is required. (List Insurance Company Name and attach certificates)

7. List all hazardous waste to be handled.

8. If hazardous waste is to be handled, has permit for handling hazardous waste been acquired? Enlose photocopy of permit.

9. Desired length of permit, if less than one year.

10. SPECIAL INSTRUCTIONS:

(a) A Certificate of Need is required of new applicants.

(b) Before a vehicle can be in operation, it must have the following:

- (1) Clearly visible insignia designating the name of the collection firm.
- (2) Permit number painted on both sides of truck doors and trailer, six (6) inches high.

(c) Permit and annual renewal fees are \$100.00 for the first truck or trailer and \$50.00 for each additional truck or trailer. Certificate of Need is \$50.00

(d) There is no refund of permit fees.

(e) Permits are effective for one year from the date of the County Commission approval, are renewable, and are not transferrable.

Date:

Signature of Applicant:

Environmental Services Department - Truck Inspection Form

Please fill out your company information along with the information for each truck which you intend to use in hauling solid waste in Mobile County. This form is to be turned in with the application and will be completed by the inspector during the inspection.

Company: _____ MCSW#: _____

Owner/Contact: _____

Address: _____

Filled out by Applicant

Filled out by Mobile County Inspector

<u>Year</u>	<u>Unit Number</u>	<u>Body Type</u>	<u>Tag Number</u>	<u>Satisfactory/Unsatisfactory</u>
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Inspector: _____

Inspection Date: _____