



# 2009 Solid Waste Collector Permit Application

Anyone who collects or transports solid waste in the City of Griffin , must apply for a Collector Permit with the City of Griffin. Only those applications entirely completed, including all vehicle information will be considered. Failure to do so may result in the loss or denial of collection privileges within City of Griffin. Permit fee is \$100.00 per calendar year.

## **Part 1A: Applicant Information**

Company Name \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-mail \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Owner of Business \_\_\_\_\_

Sole Proprietor \_\_\_ Partnership \_\_\_ Trust \_\_\_ Corporation \_\_\_ Govt. \_\_\_ Other \_\_\_\*

\* If "Other" Explain \_\_\_\_\_

Contact Person (Name) \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Local Manager (Name) \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

**Part 1B: Insurance Certification:** I \_\_\_\_\_ (Name & Title), do hereby certify that \_\_\_\_\_ (Company name) maintains insurance coverage for each vehicle described here in, in an amount not less than the minimum coverage required under Georgia law. An insurance certificate from a company licensed to do business in the State of Georgia must be submitted as proof of insurance. If your insurance policy expires prior to the term of this permit you must update your Certificate of Insurance 30 days prior to its expiration.

**Part 2: State Collection Permit:** Commercial waste haulers or collectors must provide a copy of the Georgia Department of Natural Resources, Environmental Protection Division's required notification of Permit by Rule for Collection, Transportation, Processing, and Disposal or a copy of the Permit issued by the Ga. DNR – EPD.

**Part 3: Service Area:** Commercial waste haulers or collectors must list the service area or areas to be served by the vehicles listed in the application. (*Attach as many pages as necessary.*)

Municipal Area to be Served: \_\_\_\_\_

Number of Locations = \_\_\_\_\_

Days of Collection = \_\_\_\_\_

Type of Waste Collected (MSW/Comm/Indust/C&D/Inert/Special Waste) = \_\_\_\_\_

Municipal Area to be Served: \_\_\_\_\_

Number of Locations = \_\_\_\_\_

Days of Collection = \_\_\_\_\_

Type of Waste Collected (MSW/Comm/Indust/C&D/Inert/Special Waste) = \_\_\_\_\_

Municipal Area to be Served: \_\_\_\_\_

Number of Locations = \_\_\_\_\_

Days of Collection = \_\_\_\_\_

Type of Waste Collected (MSW/Comm/Indust/C&D/Inert/Special Waste) = \_\_\_\_\_

Municipal Area to be Served: \_\_\_\_\_

Number of Locations = \_\_\_\_\_

Days of Collection = \_\_\_\_\_

Type of Waste Collected (MSW/Comm/Indust/C&D/Inert/Special Waste) = \_\_\_\_\_

Municipal Area to be Served: \_\_\_\_\_

Number of Locations = \_\_\_\_\_

Days of Collection = \_\_\_\_\_

Type of Waste Collected (MSW/Comm/Indust/C&D/Inert/Special Waste) = \_\_\_\_\_





**Part 6: Certification**

I certify that all information submitted to the City of Griffin is correct to the best of my knowledge and under penalty of perjury, do hereby attest that any solid waste collected and or transported by the applicant within the City of Griffin will be disposed at a facility operated by the City of Griffin and authorized to accept the type of solid waste collected or transported by Applicant. Applicant will maintain a current Collector Permit as required by the City of Griffin I also understand and acknowledge that I am required to comply with the provisions of Chapter 74 of the City of Griffin Municipal Code and the provisions of Article \_V\_ of Chapter \_74\_ of the City of Griffin Code of Ordinances regulating collection and disposal of solid waste.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Corporate Officer (Name) \_\_\_\_\_

(Title) \_\_\_\_\_

Notary Seal.