

Solid Waste Hauler Permit Application
Mixed Municipal Solid Waste Hauling
KCBH Ordinance 2010-1

Permit Type MMSW

PART I. General Information

Application Date	County where facility is located:
Business Name:	Business Phone:
Business Mailing Address:	Business Fax:
	Business E-Mail:
Name of Applicant:	Applicant phone: (If Different Than Business Phone)
Applicant Mailing Address: (If Different Than Business Address)	Applicant is:
	<input type="checkbox"/> Facility owner <input type="checkbox"/> Facility operator <input type="checkbox"/> Other(specify) _____

PART II. Business and Vehicle Information

Is this an existing business? Yes/No	Model/Make/Year of business vehicles																								
If yes, date operation began _____	<table border="1"> <thead> <tr> <th>Vehicle Year</th> <th>Vehicle Make</th> <th>Vehicle Model</th> <th>Plate #</th> </tr> </thead> <tbody> <tr><td>1. _____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>2. _____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>3. _____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>4. _____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>5. _____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	Vehicle Year	Vehicle Make	Vehicle Model	Plate #	1. _____	_____	_____	_____	2. _____	_____	_____	_____	3. _____	_____	_____	_____	4. _____	_____	_____	_____	5. _____	_____	_____	_____
Vehicle Year	Vehicle Make	Vehicle Model	Plate #																						
1. _____	_____	_____	_____																						
2. _____	_____	_____	_____																						
3. _____	_____	_____	_____																						
4. _____	_____	_____	_____																						
5. _____	_____	_____	_____																						
Number of people employed by this business _____																									
Business License # or Tax ID # _____																									

PART III. Solid Waste Characteristics

Type of Solid Waste Accepted	Estimated monthly volume (cubic yards) or weight (tons) accepted for recycling/disposal	Solid Waste facilities used for disposing/recycling of material
Mixed municipal (General garbage, trash, rubbish, construction/demolition debris, bulky waste)		
Yard Waste		
Moderate Risk Waste (Paints, pesticides, automotive products,		

fuels, all liquid and solid chemicals, batteries)		
Recyclable Materials (Glass, plastic, metal, paper, cardboard, wood)		
Other (Please Specify)		

Is any waste being stored at the business site? Yes/No. If yes, please explain.

PART IV. Permit Content

The Kitsap County Health District's Solid Waste Handling Permit is issued in accordance with the provisions of Kitsap County Board of Health Ordinance 2004-2 "Solid Waste Regulations." Through the permitting process, the business will be required to operate in accordance with their annual solid waste handling permit or the said permit must be so modified with the approval of the Health District. The solid waste handling permit shall address the following:

- I. Permittee and Administrative Information
- II. Standard Permit Conditions including:
 - A. Regulatory Authority
 - B. Compliance
- III. Fees
- IV. Specific Permit Conditions including:
 - A. Transaction Requirements
 - B. Reporting Requirements
 - C. Minimum Standards for Operation and Maintenance

In order to meet your businesses specific needs, the final permit will be drafted and made available to you for review after the District has received all applicable information.

PART V. Signature and Verification of Applicant

Refer to KCBH Ord. 2010-1, § 300(3)(e) for appropriate evidence of authority.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true accurate and complete.

Applicant's Name – printed

Title (Owner, Manager, etc.)

Applicant's Signature

Date