



Public Works & Waste Management Department
Permit Section
2525 NW 62nd Street, 5th Floor
Miami, FL 33147
Phone: 305-514-6610
Fax: 305-514-6880

APPLICATION FOR GENERAL HAULER PERMIT

1. APPLICATION TYPE: <input type="checkbox"/> INITIAL PERMIT <input type="checkbox"/> RENEWAL <input type="checkbox"/> EMERGENCY DEBRIS REMOVAL CONTRACTOR <u>ONLY</u>	2. TYPES OF SOLID WASTE HAULED: (Check all that apply) <input type="checkbox"/> Garbage <input type="checkbox"/> Trash <input type="checkbox"/> C & D <input type="checkbox"/> Medical Waste <input type="checkbox"/> Recyclables <input type="checkbox"/> Other (Describe) _____
3. BUSINESS INFORMATION: Corporate Name: _____ D/B/A _____ Business _____ Location _____ Address _____	4. OTHER INFORMATION: Authorized Representative _____ Title _____ Business _____ Mailing _____ Address _____
5. CONTACT INFORMATION: Contact Person _____ Business Phone _____ Alt. Phone _____ E-mail _____	6. LOCAL BUSINESS TAX RECEIPT: Receipt# _____ County of Issuance _____ Expiration Date: _____ <i>It shall be unlawful for any person to carry on or conduct business or profession without first obtaining a Local Business Tax Receipt from the county in which the business resides. You must have a LBTR from a county in the state of Florida. For more information, please contact the Office of the Tax Collector, Local Business Tax Receipt Office at 305-270-4949.</i>
7. TYPE OF BUSINESS APPLYING FOR PERMIT: Check box that best describes the primary business performed by applicant. <input type="checkbox"/> Solid Waste/Refuse Removal <input type="checkbox"/> Construction <input type="checkbox"/> Roofing <input type="checkbox"/> Landscaping <input type="checkbox"/> Maintenance <input type="checkbox"/> Property Management <input type="checkbox"/> Recyclables Transport <input type="checkbox"/> Other (Please describe) _____	
8. CORPORATE INFORMATION: – If applicant is incorporated, proof of incorporation in good standing in the state of incorporation must be submitted. If a foreign corporation, applicant shall provide information certifying that the applicant is qualified to do business in the State of Florida. <input type="checkbox"/> Sole Ownership (Not Incorporated) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Describe) _____ If partnership or corporation, list the name(s) and position(s) of principle officers and stockholders and others who have financial/controlling interest. If corporation is publicly owned with more than 25 shareholders, list local managing officers. Name _____ Position: _____ Name _____ Position: _____ Name _____ Position: _____ <i>Fingerprints are required for all persons listed above. Fingerprint cards are provided by the Public Works & Waste Management. Please call the Permit Section to request cards for individuals that have one submitted fingerprints previously.</i>	

9. FICTITIOUS NAME AND FRANCHISE INFORMATION: If the applicant is other than a corporation, and/or is operating under a fictitious name, applicant must submit information that such fictitious name is registered and held by the applicant. If the applicant has operated a waste collection, waste tire hauler or tire business under a franchise, permit or license, please complete the information:

State _____ Permit/License# _____ If revoked, date: _____

10. VEHICLE DESCRIPTION: - Complete the information below for all vehicles to be registered under this permit. **A copy of the current vehicle registration for each vehicle must be submitted with this application.** Use additional sheets if needed.

YEAR	MAKE / MODEL	TAG #	VEHICLE IDENTIFICATION (VIN) #

11. PROVIDE A COMPLETE LIST OF ALL CUSTOMERS FROM WHOM YOU REMOVE SOLID WASTE. List in detail the specific material collected from each customer/account for each location. For example: Solid waste = wood, sheetrock, rock, concrete, furniture, medical waste, sludge, vegetation, yard trash, roofing material, household (decomposing) garbage, etc. Recyclables = cardboard, glass, plastic scrap metal, appliances, etc. Use additional sheets if needed. **Listing categories such as "garbage", "trash" or "C&D" is not acceptable in this section.** Hazardous materials may require additional permit(s).

CUSTOMER/ACCOUNT NAME	NAME OF CONTACT PERSON	ADDRESS	PHONE NUMBER	TYPE OF SOLID WASTE COLLECTED	TYPE OF RECYCLABLE MATERIAL COLLECTED

12. INSURANCE AGENCY INFORMATION:

Name of Insurance Agency _____ Contact Person _____

Agency's Address _____ Agency Phone # _____

13. LIABILITY INFORMATION: Applicant must have a minimum per occurrence in General Liability Insurance of \$300,000 bodily/\$50,000 property and \$1,000,000 combined single limit automobile liability insurance. *****Copies of the Certificates of Liability Insurance with Miami-Dade County as the Certificate the Holder must be included with the application*****

General Liability Insurance Carrier _____ Policy# _____

Amount of coverage (per occurrence) \$ _____ /Bodily Injury, \$ _____ /Property Damage

Automobile Liability Insurance Carrier _____ Policy# _____

Amount of coverage (per occurrence) \$ _____

GENERAL HAULER PERMIT AFFIDAVIT

14. THIS FORM MUST BE COMPLETED AND SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

14.1 In compliance with the Miami-Dade County Code of Ordinances (Code) Chapter 15, Section 15-17 Solid Waste Management: I, *(Name Duly Authorized)* _____ being first duly sworn, state that I am the duly authorized representative of the establishment *(Name of Business)*: _____ submitting this and as such, have full authorization to execute this General Hauler Permit affidavit.

14.2 The above named affiant understands and certifies that the named establishment will comply with the following:

- A. The General Hauler permit is for the applicant to engage in the business of solid waste and/or recyclable material collection, removal or transport for hire or salvage over the street or public right-of-way within any incorporated area of the County.
- B. Within the service area of the Public Works and Waste Management Department (Department), the applicant understands that it is prohibited by the Code from entering into or renewing any agreement or contract to provide waste or recycling service to any property defined in the Code as *residential*.
- C. For properties in the unincorporated Miami-Dade County service area, the applicant will submit an authorization form to the Department for approval before providing waste service and before entering into any agreement to provide waste service.
- D. At least annually, but not more frequently than quarterly as determined by the Department, each permitted General Hauler will report information to the Department as stipulated by the Code.
- E. Private haulers operating in the disposal facility fee (DFF) area must file a DFF report on forms provided by the County and pay all DFF by the fifteenth (15th) day of each month for the preceding month.
- F. All equipment registered under the permit is conspicuously and permanently marked on both sides of the automotive, trailer and container units with the name of the hauler, Public Works & Waste Management Department permit number, vehicle number, tare weight and cubic yard capacity.
- G. Any change of information included in the application will be reported in writing to the Director within thirty (30) days of change.
- H. The insurance requirements in Section 13 of the application shall not be constructed as imposing on Miami-Dade County or the Department, or any official or employee of the County and liability or responsibility for the injury to any person or property damage by the permittee.
- I. The applicant will abide by all ordinances, rules, and regulations stipulated by the Code and/or the Department.
- J. Any misrepresentation of information provided in this application may cause revocation of the permit.

BY: _____
Signature of Authorized Representative *Date*

Printed Name of Authorized Representative *Title*

Business Name *Business Address*

Sworn to and subscribed before me this _____ day of _____, 20_____

NOTARY PUBLIC, State of Florida at Large

Notary Stamp

15. For mail-in applications please provide a check, money order or cashier's check in the amount of the total fees due payable to **Public Works and Waste Management**. Most major credit and debit cards are also accepted.

FEE CALCULATION TABLE

Permit Application/Renewal Fee=	\$ 600.00 +
Vehicle Registration Fee \$70 X _____ vehicles =	\$ _____ +
Background Check Fee \$24 X _____ officers = <i>Required for individuals listed in question 8 without fingerprints currently on file .</i>	\$ _____ =
TOTAL FEES DUE	\$ _____

All checks are processed using Electronic Check Service (ECS). If you choose not to have your check converted electronically, we must be notified in writing or in person prior to the remittance of the check for payment. If payment is unable to be converted electronically, it may be processed as a Check Replacement Document drawn against your account. If payment is returned due to insufficient funds, you authorize Public Works & Waste Management to make a one-time electronic fund charge of \$25 or 5% (whichever is greater) on your account to collect a fee as allowed by state law.

***** DO NOT MAKE ANY MARKS BELOW THIS LINE (OFFICIAL USE ONLY) *****

Proof of Current Local Business Tax Receipt	_____	_____
Proof of Incorporation in Good Standing	_____	_____
Complete set of fingerprints for all listed in # 8	_____	_____
Current vehicle registrations for all vehicles and trailers	_____	_____
Complete Customer List	_____	_____
Certificate of Comprehensive General Liability Insurance	_____	_____
Certificate of Vehicle Liability Insurance	_____	_____
Fee payment accepted	_____	_____
Background Check fees	_____	_____
Affidavit notarized	_____	_____
Violations Verified	_____	_____
Other	_____	_____

THIS BECOMES AN OFFICIAL PERMIT WHEN COMPLETED AND SIGNED BELOW BY AN AUTHORIZED REPRESENTATIVE OF THE PUBLIC WORKS & WASTE MANAGEMENT DEPARTMENT.

Permit Number: _____ **Date Submitted:** _____ **Processed By:** _____

Permit Fee: \$ _____ **Background Fee:** \$ _____ **Total Fees Paid:** \$ _____

Total # Decals Issued: _____ **Decal #** _____ **to** _____ **Expires:** _____

Approved by: _____ **Date Approved:** _____

(Authorized Representative)

(10/15/14)