



Department of Solid Waste Management
 Permit Section
 2525 NW 62nd Street, 5th Floor
 Miami, FL 33147
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 Fax: 305-514-6880
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APPLICATION FOR GENERAL HAULER PERMIT

<p>1. APPLICATION TYPE:</p> <p><input type="checkbox"/> INITIAL PERMIT <input type="checkbox"/> RENEWAL</p> <p><input type="checkbox"/> EMERGENCY DEBRIS REMOVAL CONTRACTOR</p>	<p>2. TYPES OF SOLID WASTE HAULED: <i>(Check all that apply)</i></p> <p><input type="checkbox"/> Garbage <input type="checkbox"/> Trash <input type="checkbox"/> C & D <input type="checkbox"/> Medical Waste</p> <p><input type="checkbox"/> Recyclables (List types) _____</p> <p><input type="checkbox"/> Other (Describe) _____</p>
<p>3. BUSINESS INFORMATION:</p> <p>Name _____</p> <p>D/B/A _____</p> <p>Business Location Address _____</p>	<p>4. OTHER INFORMATION:</p> <p>Authorized Representative _____</p> <p>Title _____</p> <p>Business Mailing Address _____</p>
<p>5. CONTACT INFORMATION:</p> <p>Contact Person _____</p> <p>Business Phone _____</p> <p>Alt. Phone _____</p> <p>E-mail _____</p>	<p>6. MIAMI-DADE COUNTY LOCAL BUSINESS TAX RECEIPT:</p> <p>Receipt# _____ Exp. Date _____</p> <p><i>*It shall be unlawful for and a violation of the Code of Miami-Dade County for company person to carry on or conduct any business or profession in Miami-Dade County without first obtaining a Local Business Tax Receipt as per Article IX, Section 8A-171 of the Code of Miami-Dade County. For more information, please contact the Miami-Dade County Office of the Tax Collector, Local Business Tax Receipt Office at 305-270-4949.</i></p>
<p>7. TYPE OF BUSINESS APPLYING FOR PERMIT: <i>Check box that best describes the primary business performed by applicant.</i></p> <p><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</p> <p><input type="checkbox"/> Recyclables Transport <input type="checkbox"/> Other (Describe) _____</p>	
<p>8. CORPORATE INFORMATION: – Proof of Incorporation for the State of Florida must be enclosed. If not incorporated in the State of Florida; provide information certifying that the applicant is qualified to conduct business in the State of Florida. ***Proof of Incorporation must be submitted with application or proof that business is registered to conduct business in the state of Florida must be submitted***</p> <p><input type="checkbox"/> Sole Ownership <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Describe) _____</p> <p>If partnership or corporation, list the name(s), business address(s) and position(s) of principle officers and stockholders and others have financial/controlling interest. If corporation is publicly owned with more than 25 shareholders, list local managing officers.</p> <p>Name _____ Position: _____</p> <p>Name _____ Position: _____</p> <p>Name _____ Position: _____</p>	

Fingerprints are required for all persons listed above. Fingerprint cards are provided by the Department of Solid Waste Management

9. FRANCHISE INFORMATION:

If the applicant has operated a waste collection, waste tire transport or tire business under a franchise, permit or license, please complete the information below.

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 also be submitted with this application.*** Use additional sheets if needed.

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

11. PROVIDE A COMPLETE LIST OF ALL CUSTOMERS FROM WHOM YOU REMOVE SOLID WASTE. Specific types of materials collected from each location must be listed. For example: wood, sheetrock, furniture, glass plastic scrap metal, cardboard, rock, vegetation, yard trash, kitchen garbage, roofing material, etc. Use additional sheets if needed.

CUSTOMER NAME	CONTACT PERSON	ADDRESS and TYPE OF ESTABLISHMENT	PHONE NUMBER	TYPES OF SOLID WASTE	TYPES OF RECYCLABLES

12. INSURANCE AGENCY INFORMATION:

Name of Insurance Agency _____ Contact Person _____

Agency's Address _____ Agency Phone # _____

13. INSURANCE CARRIER INFORMATION: Applicants 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. ***A copy of applicant's Certificate of Liability Insurance with Miami-Dade Solid Waste Management as the certificate 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 Company)*: _____ 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 Department of Solid Waste Management (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 twenty-fifth (25th) 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 Department of Solid Waste Management permit number, vehicle number, tare weight and cubic yard capacity.
- G. The address to the location where all equipment registered under this permit is parked on a daily basis is provided to the Department throughout the entire term of the permit.
- H. Any change of information included in the application will be reported in writing to the Director within thirty (30) days of change.
- I. 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.
- J. The applicant will abide by all ordinances, rules, and regulations stipulated by the Code and/or the Department.
- K. 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*

Name of Business

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 the **Department of Solid Waste Management**. Most major credit/debit cards are accepted. Credit Card payment is also accepted by phone.

FEE CALCULATION TABLE

Permit Application/Renewal Fee=	\$ <u>600.00</u> +
Vehicle Registration Fee (\$70 X _____ vehicles) =	\$ _____ +
Background Check Fee (\$24 X _____ owners/officers) =	\$ _____ =
TOTAL FEES DUE	\$ _____

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

DO NOT WRITE BELOW THIS LINE (OFFICIAL USE ONLY)

Current Local Business Tax Receipt	_____	_____
Proof of Incorporation in Florida	_____	_____
Background Check for All Persons Listed in #8	_____	_____
Background Check Fees	_____	_____
Vehicle registrations for all trucks/equipment	_____	_____
Complete Customer List	_____	_____
Certificate of Insurance for General Liability	_____	_____
Certificate of Insurance for Auto Liability	_____	_____
Fee Payment Accepted	_____	_____
Affidavit notarized	_____	_____
Violations Verified	_____	_____

THIS BECOMES AN OFFICIAL PERMIT WHEN COMPLETED AND SIGNED BELOW BY AN AUTHORIZED REPRESENTATIVE OF THE DEPARTMENT OF SOLID WASTE MANAGEMENT.		
Permit Number _____	Date Processed _____	Exp. Date _____
Permit Fee \$ _____	Background Fee \$ _____	Total Fees Paid \$ _____
Total # Decals Issued _____	Decal # _____	to _____
Approved by: _____	Date Approved _____	
(Authorized Representative)		