



Department of Solid Waste Management
 Permit Section, Code Enforcement Division
 2525 NW 62nd Street, Suite 1200
 Miami, FL 33147
 Phone: 305-514-6610 Fax: 305-514-6880
 Email: PermitSection@miamidade.gov

APPLICATION FOR LANDSCAPER PERMIT

(1) APPLICATION TYPE <input type="checkbox"/> First Time <input type="checkbox"/> Renewal	(2) DISPOSAL FACILITY VEHICLE TYPE (Check all that apply): <input type="checkbox"/> TRC Vehicle <input type="checkbox"/> TRC Trailer <input type="checkbox"/> Landfill Vehicle <input type="checkbox"/> Landfill Trailer
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(3) BUSINESS INFORMATION

Business Name: _____

D/B/A: _____

Name of Owner: _____

Primary Contact Person: _____

Title/Position: _____

Contact Phone #: _____

Alternate Contact #: _____

E-mail: _____

(4) BUSINESS ADDRESSES

Business Location Address:

 _____ Zip _____

Preferred Mailing Address:

 _____ City _____ State ____ Zip _____

(5) MIAMI-DADE COUNTY LOCAL BUSINESS TAX RECEIPT:

Account # _____ Receipt # _____

Expiration Date: _____

(6) AUTOMOBILE INSURANCE CARRIER INFORMATION: *A copy of proof of insurance must be submitted with application. Insurance must be effective during the entire permit period applying for.*

Name of Carrier _____ Policy # _____ Expiration Date: _____

Coverage Type _____ Amount of Coverage _____

(7) COUNTY VENDOR SERVICES: List any Miami-Dade County departments applicant is contracted to provide vendor services for:
 (Use additional pages if needed)

Department	Address	Contract #	Contact Person	Phone #

General Liability (GL) Insurance is required for any business providing vendor services to Miami-Dade County. Please provide GL Insurance info below.

Name of Carrier: _____ Policy # _____ Amount of Coverage _____

**A copy of the Certificate of Insurance indicating Miami-Dade County as the Certificate Holder must be submitted with the application.*

(8) VEHICLE LIST: LIST ALL VEHICLES AND TRAILERS TO BE ASSIGNED TO THIS PERMIT ACCOUNT. *(Use additional pages if necessary). A copy of the current vehicle registration for each vehicle/trailer must be submitted with this application. Vehicles must be marked on both sides of the automotive unit with the name of the company and the vehicle number.*

TAG #	YEAR	MAKE AND MODEL	COLOR	VEHICLE REGISTRATION # (VIN)

(9) DISPOSAL LOCATIONS: – LIST EACH LOCATION WHERE REGISTERED VEHICLES WILL DISPOSE OF TRASH	
Name of TRC and/or Disposal Facility	Address of Disposal Location

CALCULATION OF FEES

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

Annual Permit Fee	\$236.00
Vehicle Registration Fee \$84 X ___ vehicles / ___ trailers =	+ \$ _____
(Minus Account Credit Due) ____ / ____ / _____	(-) \$ _____ =
TOTAL FEE DUE	\$ _____

All checks are processed using Electronic Check Services (ECS). If you choose not to have your check converted, 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 the Department of Solid 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.

LANDSCAPER PERMIT OWNER AND AUTHORITY STATEMENT

In compliance with Miami-Dade County Code (Code) Chapter 15, Section 15-17, I _____ state that I am the owner and duly authorized representative of _____, the name under which this permit is being applied for. I am fully responsible for the submission of this application and as such, have complete authority to validate this Landscaper Permit Statement.

As the owner and authority for this Landscaper Permit application, I understand and certify that I will comply with the following:

- A. The Landscaper Permit is for the applicant to engage in creating or maintaining landscaped areas, including tree trimming and tree removal.
- B. I am limited to the transport and disposal of clean yard trash only and understand that clean yard trash is defined as "yard trash free of other forms of solid waste" (e.g. garbage, trash and construction and demolition (C&D) debris).
- C. Excluded is land clearing, dirt, rock, lumber, wood, and any yard trash debris previously been used as part of a construction or demolition project or manufactured structure. Non-inert substances such as bamboo, timber, vegetation, packaging waste, and other organic materials used in C&D are prohibited from delivery using a Landscaper Permit.
- D. Landscaper Program Permitted vehicles are considered as commercial vehicles and as such are not allowed access to the Miami-Dade neighborhood Trash & Recycling Centers for "at no charge" disposal although owner/resident may have previously been allowed "at no charge" access in said vehicle as a Miami-Dade County Waste Service Customer prior to vehicle being registered under the Landscaper Permit Program.
- E. All Landscaper Permit Program registered vehicles using the TRCs must be conspicuously and permanently marked on both sides of the automotive with the name of the hauler. All permitted vehicles using the landfills must be conspicuously and permanently marked with both the company name and the truck number.
- F. Any change of the information provided in the application will be reported in writing to the Permit Section within thirty (30) days of change
- G. The insurance requirements in Section 13 of the application shall not be construed as imposing on Miami-Dade County or the Department, or any official or employee of the County any liability or responsibility for injury to any person or property damaged by the permittee.
- H. Any misrepresentation of information provided in this application may cause revocation of the permit and denial of future permit applications.

The applicant will abide by all ordinances, rules and regulations stipulated in the Code and/or the Department.

Any misrepresentation of information provided in the application may result in denial of the permit application, revocation of the current permit and denial of future permit applications.

BY: _____

2/22/23

Signature of Owner

Date

Printed Name of Owner

*******DO NOT WRITE ON THIS PAGE *******
FOR OFFICIAL USE BY THE DEPARTMENT OF SOLID WASTE MANAGEMENT ONLY

LANDSCAPER PERMIT CHECKLIST

REQUIREMENT VERIFICATION BY PERMIT STAFF		Permit Staff	Comments
Miami-Dade County LBTR <i>Must be for Landscaping or Service Business</i>	Year _____		
Vehicle Registrations	Previously Permitted _____ New to Account _____		
Trailer Registrations	Previously Permitted _____ New to Account _____		
Auto Insurance			
General Liability Insurance			
Statement Signed by Owner			
Correct Fees Paid	Check MO CC CCA		

THIS BECOMES AN OFFICIAL PERMIT WHEN SIGNED BELOW:

Permit Account Number: _____ Date Reviewed : _____ Permit Staff: _____

Fees Due \$: _____ Minus Account Credit \$ (_____) 20 ____ - ____ Permit Fee Paid:\$ _____

TRC Vehicle Decals Issued: _____ #TRC _____ - _____ # ST Decals Issued: _____ # _____ - _____

LF Vehicle Decals Issued: _____ #LF _____ - _____ # LT Decals Issued: _____ # _____ - _____

Approved By: _____ Date Approved: _____

SENT TO ENFORCEMENT FOR MEASURE, WEIGH, CUBIC YARDS AND TAREWEIGHT STICKER

Facility: _____ Additional _____ Replacement _____ Issuing WEO: _____

TRC Vehicle Decals Issued: _____ #TRC _____ - _____ # ST Decals Issued: _____ # _____ - _____

LF Vehicle Decals Issued: _____ #LF _____ - _____ # LT Decals Issued: _____ # _____ - _____

-----/-----/----- Additional _____ Replacement _____ Permit Staff _____

Fees Due _____ Minus Account Credit \$ (_____) 20 ____ - ____ Permit Fee Paid:\$ _____

SENT TO ENFORCEMENT FOR WEIGHING, MEASURING AND TAREWEIGHT STICKER

Facility _____ New Vehicle _____ Replacement _____ Issuing WEO: _____

TRC Vehicle Decals Issued: _____ # _____ - _____ # ST Decals Issued: _____ # _____ - _____

LF Vehicle Decals Issued: _____ # _____ - _____ # LT Decals Issued: _____ # _____ - _____

-----/-----/----- Additional _____ Replacement _____ Permit Staff _____

Fees Due _____ Minus Account Credit \$ (_____) 20 ____ - ____ Permit Fee Paid:\$ _____

SENT TO ENFORCEMENT FOR WEIGHING, MEASURING AND TAREWEIGHT STICKER

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