



Department of Solid Waste Management  
Code Enforcement - Permit Section  
2525 NW 62<sup>nd</sup> Street, Suite 1200  
Phone: 305-514-6610 Fax: 305-514-6880  
Email: [PermitSection@Miamiidade.gov](mailto:PermitSection@Miamiidade.gov)

## APPLICATION FOR GENERAL HAULER PERMIT

<b>1. APPLICATION TYPE:</b> (Check All That Apply)  <input type="checkbox"/> INITIAL FIRST TIME PERMIT <input type="checkbox"/> RENEWAL  <input type="checkbox"/> EMERGENCY DEBRIS REMOVAL CONTRACTOR ONLY	<b>2. TYPES OF SOLID WASTE HAULED:</b> (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 (List types) _____  <input type="checkbox"/> Other (Describe) _____
<b>3. BUSINESS INFORMATION:</b>  Corp Name _____  D/B/A _____  Business _____ Location _____ Address _____	<b>4. OTHER INFORMATION:</b>  Owner/Authorized Rep _____  Title _____  Business _____ Mailing _____ Address _____ Phone _____
<b>5. CONTACT INFORMATION:</b>  Contact Person _____  Title _____  Phone # _____ Alt. Phone _____  E-mail _____	<b>6. LOCAL BUSINESS TAX RECEIPT:</b>  Receipt# _____ Exp. Date _____ <b>Florida County of Issue:</b> _____ <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>
<b>7. TYPE OF BUSINESS APPLYING FOR PERMIT:</b> 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 (Describe) _____	
<b>8. CORPORATE INFORMATION:</b> – Proof of Incorporation for the State of Florida must be enclosed. If the business or individual is not incorporated in the State of Florida; provide information certifying that the applicant is qualified to conduct business in the State of Florida. <u>***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***</u>  <input type="checkbox"/> Sole Ownership <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other (Describe) _____  If partnership or corporation, list the name(s) and position(s) of principle officers, stockholders, and others having financial/controlling interest. If corporation is publicly owned with more than 25 shareholders, list local managing officers.  Name _____ Position: _____  Name _____ Position: _____  Name _____ Position: _____  Name _____ Position: _____	

**9. PREVIOUS SOLID WASTE MANAGEMENT PERMIT ACCOUNT INFORMATION:**

Has the applicant ever obtained a Solid Waste Management under another permit account? \_\_\_\_\_ If so, please complete the following:

Name on Account \_\_\_\_\_

Permit # \_\_\_\_\_ Is account still active? \_\_\_\_\_

**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 HAVE REMOVED SOLID WASTE FROM WITHIN THE PAST 12 MONTHS.** Specific material types must be listed. For example: wood, sheetrock, furniture, glass, plastic scrap metal, cardboard, rock, vegetation, yard trash, kitchen/household 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.

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

**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 disposal, hire or salvage over the street or public right-of-way within any incorporated or unincorporated area of the County.
- B. Within the service area of the Department of Solid Waste Management (Department), the applicant understands that he/she 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 (25<sup>th</sup>) 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 daily 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 result in 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 for payment by phone.

#### FEE CALCULATION TABLE

Permit Application/Renewal Fee (\$630 X _____ years) =	\$ _____ +
Vehicle Registration Fee (\$74 X _____ vehicles) x _____ years =	\$ _____ --
(Minus Account Credit)	(\$ _____ ) =
<b>TOTAL FEES DUE</b>	\$ _____

#### YEARS APPLYING/RENEWING \_\_\_\_\_

(Only Current and Past Due Years Accepted)

20 \_\_\_\_\_ - \_\_\_\_\_

20 \_\_\_\_\_ - \_\_\_\_\_

20 \_\_\_\_\_ - \_\_\_\_\_

20 \_\_\_\_\_ - \_\_\_\_\_

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) \*\*\***

THIS BECOMES AN OFFICIAL PERMIT WHEN COMPLETED AND SIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE DSWM

### COMPLETED APPLICATION CHECKLIST

<b>Local Business Tax Receipt:</b> County _____ Copy Enclosed _____ Verified _____ How? _____	<b>Proof of Florida Incorporation</b> Included _____ Verified w/Sunbiz _____ Date: _____
<b>Complete Customer List</b> _____ <b>Material Types per Customers List</b> _____	<b>COI:</b> Auto Liability _____ Expires _____ General Liability _____ Expires _____ Worker's Comp _____ Expires _____
<b># of Registrations</b> _____ <b># Trucks</b> _____ <b># Trailers</b> _____	County Contractor? _____ Department _____
<b>Affidavit Signed and Notarized</b> by Owner/Authorized Representative _____ ** Notary cannot be signee	<b>Fee Payment</b> Check# ( _____ ) Credit Card ( ) MO ( ) CCA ( ) Deposit Type: ( ) Manual ( ) Electronic Amount Paid \$ _____

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<b>INITIAL PAYMENT INFORMATION</b>
( ) # Years _____
Fees Due \$ _____
(Minus Credit) \$ ( _____ )
<b>TOTAL PAID \$</b> _____
<b>TOTAL DECALS ISSUED</b> _____
# _____ - _____

<b>TRUCK(S) ADDED DURING YEAR</b>
Date _____ By _____
# of Trucks Added _____
Total Due \$ _____
(Minus Credit) \$ _____
<b>TOTAL PAID \$</b> _____
Decal No. _____ - _____

<b>VIOLATION STATUS</b>
WNOV# _____
UCVN# _____
Issued By _____ Date: _____
Compliance Date _____
Appeal Requested: _____ Date: _____
<b>UCVN PAYMENT STATUS</b>
PAID _____ COLLECTIONS _____
<b>PARTIAL PAYMENT AGREEMENT</b>
Date Entered: _____
\$ _____ /month no later than the _____ day of each month.
Date of last payment _____
<b>Sent to Collections</b>

<b>Permit Number:</b> _____	<b>Processed By:</b> _____
<b>Expiration Date</b> _____	<b>Date</b> _____
<b>Approved By:</b> _____ (Authorized Representative)	<b>Date:</b> _____