



Department of Solid Waste Management  
 Enforcement Division - Permit Section  
 2525 NW 62<sup>nd</sup> Street, Suite 1200  
 Miami, FL 33147  
 Phone: 305-514-6610 Fax: 305-514-6880  
 Email: [PermitSection@Miami-dade.gov](mailto:PermitSection@Miami-dade.gov)

## APPLICATION FOR SMALL HAULER PERMIT

### BUSINESS INFORMATION

<p><b>1. APPLICATION TYPE:</b></p> <p><input type="checkbox"/> FIRST TIME PERMIT      <input type="checkbox"/> RENEWAL</p>	<p><b>2. TYPES OF SOLID WASTE HAULED:</b> <i>(Check all that apply)</i></p> <p><input type="checkbox"/> Trash    <input type="checkbox"/> C&amp;D    <input type="checkbox"/> Recyclables _____</p> <p><input type="checkbox"/> Other (Describe) _____</p>
<p><b>3. BUSINESS INFORMATION:</b></p> <p>Business Name _____</p> <p>Mailing Address _____</p> <p>_____</p> <p>Owner/ Authorized Rep _____</p> <p>Title _____</p> <p><i>*** A copy of the current driver's license must be submitted.</i></p>	<p><b>4. OTHER INFORMATION:</b></p> <p>Physical Business Address</p> <p>_____</p> <p>_____</p> <p>Address Where Vehicle is Parked</p> <p>_____</p> <p>_____</p>
<p><b>5. CONTACT INFORMATION:</b></p> <p>Contact Person _____</p> <p>Title _____</p> <p>Phone # _____ Alt. Phone _____</p> <p>E-mail _____</p>	<p><b>6. LOCAL BUSINESS TAX RECEIPT:</b></p> <p>Receipt# _____ Exp. Date _____</p> <p>County of Issue: _____</p> <p><small><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 Office of the Tax Collector, Local Business Tax Receipt Office at 305-270-4949.</i></small></p>
<p><b>7. TYPE OF BUSINESS APPLYING FOR PERMIT:</b> <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><b>8. PREVIOUS SOLID WASTE MANAGEMENT PERMIT ACCOUNT INFORMATION:</b></p> <p>Has this business ever been approved for a permit by the Dept. Solid Waste Management under a different account? Yes _____ No _____</p> <p>If yes, please complete the following:</p> <p>Name on Previous Account _____</p> <p>Permit Number _____</p>	

**CUSTOMER INFORMATION**

**9. IS THIS BUSINESS A REGISTERED COUNTY CONTRACTOR?** Yes \_\_\_ No \_\_\_ If yes, please provide the following Information:

Name of Department \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

**VEHICLE INFORMATION**

**10. VEHICLE DESCRIPTION:** - Complete the information below for all vehicles to be registered under this permit. \*\*\* A copy of the current vehicle registration must also be submitted with this application.

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

**11. WHAT IS THE GROSS VEHICLE WEIGHT OF THE TRUCK TO BE PERMITTED?** \_\_\_\_\_

*\*Note: Gross vehicle weight for the Small Hauler Permit must not exceed 26,000 lbs.*

**INSURANCE INFORMATION**

**12. INSURANCE AGENCY INFORMATION:**

Name of Insurance Agency: \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

**14. INSURANCE CARRIER INFORMATION:** A copy each document must be included with the application\*\*\*

**General Liability Insurance Carrier** \_\_\_\_\_ Policy# \_\_\_\_\_

The Department of Solid Waste Management must be the Certificate Holder or Additionally Insured.

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

**Automobile Insurance Carrier** \_\_\_\_\_ Policy# \_\_\_\_\_ Exp \_\_\_\_\_

**14. 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

**SMALL HAULER PERMIT AFFIDAVIT**

16. 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 Rep)  
being first duly sworn, state that I am the duly authorized representative of the establishment of \_\_\_\_\_  
(Name of /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 Small Hauler permit is for the applicant to engage in the business of solid waste and/or recyclable material collection, removal or transport 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. At least annually, but not more frequently than quarterly as determined by the Department, each permitted Small Hauler may be required to report information to the Department as stipulated by the Code.
- D. 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, and vehicle weight.
- E. The address of the location where all equipment registered under this permit is parked daily is provided to the Department throughout the entire term of the permit.
- F. Any change of information included in the application will be reported in writing to the DSWM Permit Section within thirty (30) days of change.
- G. 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.
- H. The applicant will abide by all ordinances, rules, and regulations stipulated by the Code and/or the Department.
- I. Any misrepresentation of information provided in this application may result in revocation of the permit.

BY: \_\_\_\_\_  
Signature of Authorized Representative Date

\_\_\_\_\_ Title  
Printed Name of Authorized Representative

\_\_\_\_\_ Name of Business

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_ Notary Stamp  
NOTARY PUBLIC, State of Florida at Large

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 and debit cards are accepted for payment in person or over the phone.

**FEE CALCULATION TABLE**

Permit Application/Renewal Fee (\$315 X _____ years) =	\$ _____ +
Vehicle Registration Fee (\$74 vehicle x _____ years) =	\$ _____
Minus Account Credit	(\$ _____ )
<b>TOTAL FEES DUE</b>	\$ _____

**YEARS APPLYING/RENEWING \_\_\_\_\_**  
*(CURRENT AND PAST DUE YEARS ONLY)*

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

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

Checks may be 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) \*\*\***

**APPLICATION BECOMES AN OFFICIAL PERMIT WHEN APPROVED BY AN AUTHORIZED REPRESENTATIVE OF THE DSWM**

<b>Local Business Tax Receipt:</b> FL County _____ Included _____ Verified _____	<b>Vehicle Weight Verified:</b> Vehicle Registration _____ By DSWM Scale or ENF _____
<b>Complete Customer List</b> _____ <b>Material Types Hauled:</b> _____	<b>Insurance Requirements:</b> COI General Liability --+\$300K _____ Expires _____ Auto Insurance _____ Expires _____
<b>Vehicle Registration</b> _____ <b>Copy of Driver's License</b> _____ Expire Date. _____	Previously Permitted as a DSWM General Hauler: Yes _____ No _____
<b>Affidavit Signed and Notarized</b> by Owner/Authorized Representative _____	<b>Fee Payment Method:</b> Check# _____ BCL Verified _____ Credit Card ( ) MO ( ) CCA ( ) Deposit Type: ( ) Manual ( ) Electronic Amount Paid \$ _____

**INITIAL PAYMENT INFORMATION**

( ) Years \_\_\_\_\_

Fees Due \$ \_\_\_\_\_

(Minus Credit) \$ \_\_\_\_\_

**TOTAL PAID \$ \_\_\_\_\_**

DECAL # \_\_\_\_\_

**DECAL REPLACED DURING YEAR**

Date \_\_\_\_\_

Amount Due \$ \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_

Decal No. \_\_\_\_\_

Processed By: \_\_\_\_\_

**VIOLATION STATUS**

WNOV# \_\_\_\_\_

Issued By \_\_\_\_\_ Date \_\_\_\_\_

**UCVN STATUS**

UCVN# \_\_\_\_\_

Issued By \_\_\_\_\_ Date: \_\_\_\_\_

Compliance Date \_\_\_\_\_

Appeal Requested: \_\_\_\_\_ Date: \_\_\_\_\_

Hearing Date \_\_\_\_\_

**PAYMENT STATUS**

Paid in Full \_\_\_\_\_ Date \_\_\_\_\_

Agreement Entered: \_\_\_\_\_  
\$ \_\_\_\_\_/month no later than the \_\_\_\_\_  
day of each month.

**SH Permit Number:** \_\_\_\_\_ **Processed By:** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_ **Date** \_\_\_\_\_

**Approved By:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(Authorized Representative)*