

Environmental Health Services Solid Waste Program

2000 Alameda de las Pulgas, Suite #100 San Mateo, CA 94403 Phone:(650) 372-6200 | Fax: (650) 627-8244 smchealth.org/solidwaste

WASTE HAULER PERMIT APPLICATION

APPLICANT INFORMATION	ON			
Name:		Address:		
City:	Zip:	Phone:	Email:	
BUSINESS INFORMATIO	N			
Company Name:		Address:		
City:	Zip:	Phone:	Email:	
Authorized Representative	2 :	Cell Phone:	Email:	
OPERATOR QUALIFICAT	TIONS			
Brief description of quali	fications of experience	:		
under its jurisdiction throug	ecial district authorizes or gh contract, franchise, pe	designates a person or firm to primit, or license the local governriperly conduct the operation auth	provide solid waste collection ser ment shall obtain proof that such norized.	vices within the territory person or firm has
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NATURE AND SOURCE OF SOLID WASTE	
Point of generation:	
Average amount of material conveyed weekly:	
CONVEYANCE EQUIPMENT	
Indicate the conveyance equipment used:	
Front loader Rear loader Box Compa Brief description of the conveyance equipment:	
brief description of the conveyance equipment.	
and constructed to prevent loss of wastes from the e transport garbage, other wet or liquid producing was	rtation of solid waste shall be durable, easily cleanable and designed for safe handling, equipment during collection or transportation. If such equipment is used to collect or stes, or wastes composed of fine particles, such equipment shall in all cases be non-emaintained in good condition and cleaned in a frequency and in a manner so as to so, or other vectors and the creation of nuisances.
	n and transport of refuse shall be clearly marked with the name of the agency or firm mber for each box container or truck.
Section 17343. Equipment Parking Location A refuse collection service operator must designate service, except in an emergency.	an off-street location where all refuse collection vehicles will be parked when not in
investigation of all matters contained in this applicati	nents made in the application and information provided is true and correct. I authorize ion. I agree to operate in accordance with all applicable state and local regulations lid wastes, and agree to update San Mateo County of any changes in a timely manner and
Signature:	
Type or print name:	
Title:	Date:
OFFICE USE ONLY	
Notes:	
Inspector:	Date: