

Application for a Solid Waste Permit

General Instructions

1. **Applicability** – This application form must be completed and submitted to the Daviess County Solid Waste Coordinator by persons who engage in the business of collection, transporting, disposing, or processing of solid waste within Daviess County.
2. **Assistance** – Questions regarding this application may be directed to the Daviess County Solid Waste Coordinator.
3. **Submission** – Please type or print legible in permanent ink. Submit the completed application to the Director at the address noted above. If an item is not applicable to your operation write “N/A” in the space provided.
4. **Laws and Regulations** – Applicants are expected to understand and comply with all laws and regulations applicable to the permitted operation under KOC 830.6.

Type of permit application: _____New
_____Renewal - Permit # _____

A. Permit Type

1. Indicate the type of permit you are requesting. (Check all that apply)
- Collection
- Transportation
- Disposal
- Processing

B. Applicant Information

1. Name of Applicant _____
Business License Number _____
Address _____
City _____ State _____ Zip Code _____
Telephone Number (_____) _____ - _____
Contact Person _____
2. Location of Facility _____
Address _____
City _____ State _____ Zip Code _____
Telephone Number (_____) _____ - _____
Contact Person at Facility _____
3. Indicate the legal organizational structure of the applicant.
- Proprietorship
- Partnership General Limited
- Corporation
- Joint Venture
- Governmental Agency. Type _____
- Other. Describe _____
4. If the owner is a corporation, is it registered with the Kentucky Secretary of State?
- Yes No

C. Solid Waste Vehicles and Employees

1. Indicate the number of people employed by the applicant. _____
2. Indicate the total number of vehicles to be used in the collection and/or transportation of solid waste _____.
3. Under a separate attachment, provide a detailed list of the vehicles. This list must include the make, model, license number, and vehicle number of each vehicle. (Label as Attachment I)
4. Do all transportation vehicles meet the requirements set forth in KOC 830.6 (Section 4).

_____ Yes _____ No

D. Processing and Disposal Facilities

All residential and commercial waste shall be delivered to the Daviess County Landfill or to an approved transfer station which delivers to the Daviess County Landfill as per KOC 830.6. For all other waste or recyclables, list under a separate attachment the facilities to be utilized. The list must include the facility name, permit number, the anticipated volume and types of waste to be disposed. (Label as Attachment II)

E. Collection Service Areas

1. On the map provided, indicate the service routes and/or collection area.
2. Indicate the following:
_____ households served in Daviess County
_____ tons per year collected in Daviess County

F. Insurance

1. Under a separate attachment, provide proof of insurance. This proof must meet the requirements set forth in KOC 830.6 (Section 6).

Affidavit of Compliance

By my signature below, I certify that all information included herein is true and accurate to the best of my knowledge. I acknowledge that I have read ordinance numbers KOC 830.6 regarding the collection, transportation, and disposal of solid waste in Daviess County; I further acknowledge that I am aware of the fact that to dispose of solid waste in any place other than a permitted site is a violation of state and local law. I agree to abide by the ordinance of the Daviess County Fiscal Court, the Owensboro Metropolitan Planning Commission and of the Commonwealth of Kentucky with regard to environmentally safe handling and disposal of solid waste. I understand that failure to observe these laws and regulations may result in the suspension of my permit to operate in Daviess County.

Signature

Date

Advertisement Disclaimer

As part of our efforts to provide collection services to all Daviess County residents, the Daviess County Fiscal Court may utilize media advertisements. These advertisements may include information related to collection routes and service areas for permitted solid waste haulers. All expenses relating to these advertisements will be paid by the Daviess County Solid Waste Department. No preference will be given to any individual hauler other than to provide the public with information relating to the contact information and service areas indicated in this application. This information will be updated no more than once annually upon permit renewal. If your company would like to opt out of these advertisements, please indicate below.

Please provide the contact information to be used in advertisements. If left blank, the information provided under part "B" of this application will be used.

Company Name: _____ Phone #: _____

By signing below, I am opting out of all media advertisements provided by the Daviess County Fiscal Court.

Signature

