



Contract Hauler Permit Application for Collection and Transportation of Solid Waste and Recyclable Materials in Brunswick County

1st time Applicant

Renewal Application

Date of Application: _____

Name of Applicant/Business: _____

Name of Owner: _____

DBA (if different from above): _____

Business Address: _____

Mailing address: _____

Is Business or mailing address a residence: yes no

Phone Number: _____ Fax #: _____ Cell phone: _____

Email: _____ Website: _____

Type of Business or Organization: (check those that apply)

Corporation (specify type/state of incorporation): _____

Partnership (specify type): _____

Sole Proprietorship: _____

Municipality: _____

Date of Business: _____

Business Identification #: _____

(Federal or State)

New applicants: Attach any certificate of Business

Other Licenses & Permits from other jurisdictions other Brunswick County, VA

- ✓ **Vehicle Identification:** (A description of vehicles and equipment to be used for hauling). Please list all equipment used in the collection and transportation of waste by your company in Brunswick County. Identify all vehicles by vehicle identification number (VIN), owned, leased,

operated or controlled by the applicant which will be used in connection with the permitted activities. (i.e. the collection, storage transfer, transportation, or disposal of solid waste, septic/sludge, garden and yard waste, construction and demolition debris, tires and/or recyclables generated, originated or brought within the County:

Year, Make & Model	State	License plate	Capacity	VIN #	Specify type

Please describe in detail the nature of the waste hauler services which applicant will provide upon issuance of a permit:

A description of the proposed service area:

Days and hours of operation: (please check all that apply and fill in times of operation, circle am/pm):

Monday from _____ am/pm to _____ am/pm
 Tuesday from _____ am/pm to _____ am/pm
 Wednesday from _____ am/pm to _____ am/pm
 Thursday from _____ am/pm to _____ am/pm
 Friday from _____ am/pm to _____ am/pm
 Saturday from _____ am/pm to _____ am/pm
 Sunday from _____ am/pm to _____ am/pm

Do you adjust your schedule for holidays? (Please explain) _____

The following requirements must be submitted with this application:

- ✓ Proof of adequate insurance, including liability insurance and workers' compensation coverage.
 Workers' Compensation Carrier: _____
 Workers' Compensation Policy #: _____
 Liability insurance Carrier: _____
 Liability insurance Policy #: _____

If workers' Compensation Board has endorsed Exemption, stating that such coverage is not required then a exemption for must be submitted (attached signed and dated).

✓ Comprehensive liability and collision automobile coverage: _____

Physical/Chemical Nature of Waste Handled (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Municipal Solid Waste | <input type="checkbox"/> Septage/Sewage/Sludge |
| <input type="checkbox"/> Comingled Glass/Plastic Cans | <input type="checkbox"/> Medical Waste |
| <input type="checkbox"/> Paper/Cardboard | <input type="checkbox"/> Hazardous Materials/Chemical |
| <input type="checkbox"/> Construction & Demolition | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Yard Waste | <input type="checkbox"/> Waste Cooking Oil |
| <input type="checkbox"/> Food Waste | <input type="checkbox"/> Scrap Metal |
| <input type="checkbox"/> Grease Trap Waste | |
| <input type="checkbox"/> Other (please explain): _____ | |

Which Towns do you service in Brunswick County? (check all that apply)

- Alberta Brodnax Lawrenceville

Which Type of service do you provide? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial/Business |
| <input type="checkbox"/> Public Institutions | <input type="checkbox"/> Government/Municipalities |
| <input type="checkbox"/> bulk Pick-up | <input type="checkbox"/> Roll-off Service |
| <input type="checkbox"/> Other (please explain) _____ | |

Collection frequency: (fill in all that apply) i.e.: once a week, twice a month, as needed

Typed of Account	Collection frequency
Residential	
Commercial/Business	
Public Institutions	
Government/Municipalities	
Bulk pick-up	
Roll off service	

CERTIFICATION

By signing and submitting this Application, I hereby request that the Corporation, Municipality, or Person named be granted a permit by the County of Brunswick for the Transportation of Solid Waste Materials and Recyclables in Accordance with Brunswick County Department of Solid Waste and will adhere to all rules and regulations regarding the collection of trash as outlined in Chapter 50, Article II, of the Code of the County of Brunswick, Virginia.

I further agree the County has the right to verify the information contained herein before and after granting of a permit, and that inaccurate information will be grounds for the denial or revocation of said permit.

I understand that _____ shall be granted permission to collect,
(Applicant)

Transport or dispose of separated waste and recyclable material in Brunswick County under the following conditions:

- ✓ Vehicles are maintained in a clean, sanitary and leak-proof condition to prevent loss or discharge on both sides of the vehicle;
- ✓ The identification of the owner of the vehicle or the business name and address is clearly posted on both sides of the vehicles;
- ✓ Current permit is prominently displayed on the vehicle(s) at all times;
- ✓ All materials are collected, stored and transported properly separated in accordance with the Brunswick County Solid Waste ordinance;
- ✓ All waste and recyclable materials are covered or maintained in a closed truck;
- ✓ Permit(s) are granted subject to any/all state and local laws, ordinances, codes, rules and regulations. Failure to comply with all sections of the Brunswick County Codes, local laws will result in your permit(s) being revoked, enforcement actions pursued and penalties incurred.

Signed: _____

Date: _____

NOTARIZED CERTIFICATION

Notarized Certificate of Applicant

This certification must be completed and executed, individually, by the person completing the application on behalf of the Applicant and shall be notarized.

County of Brunswick
Commonwealth of Virginia

The foregoing instrument was acknowledged before me this _____ day of _____,

20____ by _____.
Name of person executing application

Notary Seal

Notary Public's signature

Notary registration number: _____

My commission expires: _____