

To: Delaware Solid Waste Authority
601 Energy Lane
Dover, DE 19901

Attachment A

I hereby apply for a Solid Waste Collectors License for the period of July 1, 20____ through June 30, 20____ in accordance with the Regulations of the Delaware Solid Waste Authority. Accordingly, the following is submitted: *Note: This application will not be processed unless all requested information is provided and deemed complete, including;*

1. *Proof of insurance as required by section 3.04;*
2. *Minimum Bond or Surety, as required by Section 3.10; and,*
3. *A copy of your Delaware Business License.*

1. Applicant: (Individual or Firm Name) _____

2. Doing business as: (name to appear on License) _____

3. Business Office Information: (one phone number must be a Delaware number)

OFFICE A:

Street _____ Area code - Phone number _____

City _____ State _____ Zip Code _____

Name of Individual having administrative responsibility at this location

OFFICE B:

Street _____ Area code - Phone number _____

City _____ State _____ Zip Code _____

Name of Individual having administrative responsibility at this location

4. Answering service if applicable:

Name of service

Street _____ Area code - Phone number _____

City _____ State _____ Zip Code _____

Name of Individual having administrative responsibility at this location

5. Registered Agents or Authorized Representatives:

A:

Name

Street _____ Area code - Phone number _____

City _____ State _____ Zip Code _____

B:

Name

Street _____ Area code - Phone number _____

City _____ State _____ Zip Code _____

6. Type of business: Sole Proprietorship Partnership Municipality Corporation*

* If Non-Delaware Corporation, provide proof of Delaware Registration

7. Date business was established: _____

8. Delaware Business License number: (contact Division of Revenue) _____

9. DNREC Transporter Permit number: _____

10. Federal Taxpayer Identification number: _____

11. Owners or partners in unincorporated business. Indicate percentage of ownership:

A:

Name _____ Percentage _____

Street _____ City _____ State _____ Zip Code _____

B:

Name _____ Percentage _____

Street _____ City _____ State _____ Zip Code _____

C:

Name	Percentage		
Street	City	State	Zip Code

12. Officers, Directors, Shareholders holding in excess of 10% of issued Stock in incorporated business:

A:

Name	Percentage		
Street	City	State	Zip Code

B:

Name	Percentage		
Street	City	State	Zip Code

C:

Name	Percentage
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13. Indicate if any partnership or corporation other than applicant has any interest, direct or indirect, in the License applied for, or in the business conducted under such License. (If so, state names, addresses, and interest of the partnerships, corporations, and principals involved, indicating the nature and extent of the interest.)

Not applicable Applicable, provide details:

14. Indicate if any individual, partnership or corporation other than applicant receives or will receive (by way of rent, salary, or otherwise) all or any portion of percentage of the gross or net profits or income derived from business conducted under License applied for:

Not applicable Applicable, provide details:

15. Indicate if your company or parent company has ever been convicted of civil or criminal offences concerning waste transporting, processing, or disposal.

No Yes *(Provide details: Use the back of this sheet or separate sheet if necessary)*

16. Indicate if the applicant, any person mentioned in this application, or any person having a beneficial interest in the application has ever been denied a License to collect solid waste.

Not applicable Applicable, *provide details:*

17. State general area served by applicant:

18. Indicate days of the week collections are made:

Mon Tue Wed Thu Fri Sat Sun

19. Daily average weight of Household solid waste collected: _____ Tons

20. Daily average weight of Municipal solid waste collected: _____ Tons

21. Daily average weight of Commercial/Industrial solid waste collected: _____ Tons

22. Other solid waste collected: _____ Tons.

23. Indicate location(s) where solid waste is being or will be delivered:

Type of Waste	Location Delivered

24. Statement of experience in solid waste collection, transportation, and/or disposal:

25. Consent to inspections:

The applicant hereby agrees and consents to the inspection at any time or place, by any employee of the Delaware Solid Waste Authority who presents identification of his/her status as an employee of DSWA, of any vehicle owned or operated on behalf of the applicant which displays a License Sticker issued by DSWA. Unless otherwise prohibited by law, the applicant also hereby agrees and consents to the inspection, by any employee of DSWA, of any container used for the deposit of any material which the applicant may transport with a vehicle which displays a License Sticker issued by DSWA.

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED HEREIN AND ATTACHED HERETO IS TRUE AND CORRECT AND THAT I HAVE READ AND AM FAMILIAR WITH THE REQUIREMENTS OF THE REGULATIONS OF THE DELAWARE SOLID WASTE AUTHORITY.

I SPECIFICALLY UNDERSTAND AND AGREE TO BE BOUND BY SECTION 4.01, IF APPLICABLE, WHICH REQUIRES CONTRACTORS WHO COLLECT OR HAUL SOLID WASTE PURSUANT TO A CONTRACT WITH A MUNICIPALITY (INCLUDING TOWNS, CITIES, COUNTIES, STATE AGENCIES, ETC.) TO DELIVER SUCH SOLID WASTE TO A DSWA FACILITY.

Date	Signature of Applicant	Title
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Printed or typed name of Applicant

STATE OF _____

COUNTY OF _____

Before me appeared _____, who under oath certifies that the information provided in this application is true and correct.

Date	Notary Public
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17 DE Reg. 313 (09/01/13)

This page must be notarized

**DELAWARE SOLID WASTE AUTHORITY
CASH ACCOUNT APPLICATION**



Applicant (Individual or Firm Name): _____

Corporation Partnership Sole Proprietorship Limited Liability Co. State of Origin: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Type of Business: _____ Years in Business: _____

Name of Predecessor Businesses: _____

Person to Contact Regarding Invoices: _____ Phone: _____

Parent Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Federal ID#: _____ DE Business License #: _____ (Attach copy)

TRUCK LISTING

** LIST OF VEHICLE TYPES INCLUDE BUT NOT LIMITED TO: FRONT END LOADERS, REAR LOADERS, SIDE LOADERS, ROLL OFF, DUMP TRUCK, STAKE BODY, STAKE DUMP, PICKUP TRUCK, ETC.

