## Commercial Waste Hauler Registration Application

"No person, firm or corporation shall collect solid waste, recyclable materials, refuse, garbage rubbish, or yard waste from Multi-Family Dwellings, commercial or industrial establishments without first obtaining a license as hereinafter provided."

Ordinance 33-18, Chapter 919.10

Date:					
Company Name:					
Point of Contact:	Cell/Phone:				
Address:					
City:	State:	Zip Code:			
Phone Number:	Cell Number:				
Email Address:					
Company EIN:					
Name of landfill to which ga	arbage, solid waste, and re	fuse are taken and unloaded			
Address:					
City:	State:	Zip Code:			
Phone Number:					
Name of the recycling cent recyclable materials are taken	ken and unloaded.				
City:	State:	Zip Code:			
Phone Number:					

## Before this application can be processed the following items must be provided:

the applicant contractor has liability insurance of at least \$1 million for the vehicles used in its hauling.
☐ Worker's Compensation provided, ☐ Liability Insurance provided
Certification that each vehicle used in its collection operation has passed a safety inspection test by the Ohio State Patrol within 60 days of filing its application.
☐ Ohio State Patrol Inspection provided
Fee \$250.00, per year, and the term of the license shall be for a period of one year, commencing on January 1.
□ \$250.00 payment attached
Each licensee must complete a Quarterly Report and file it with the Director of Safety and Service. The report must be submitted by the 15 <sup>th</sup> day of April, July, October, and January for the preceding quarter. The report will contain the number of units serviced within the City; the weight in tons of refuse's collected within the City, the weight in tons of recyclables collected within the City, as well as the name of the facilities to which the materials were taken. Licensees who do not file their reports pursuant to this subsection shall be fined \$20.00 per day for each day not in compliance
☐ Sample of Applicant's proposed future Quarterly Report Form pursuant to Section 919.10(f) attached
The undersigned states that the information contained in this application is true and accurate. The undersigned hereby states that he/she is an authorized representative or employee of the Company named above and whose signature binds the Company to agree to comply with the terms and conditions of this registration and Chapter 919 of the Codified Ordinances of the City of Port Clinton.
Printed Name: Date:
Signature: Date: The registration certificate of any commercial hauler who has demonstrated the inability or unwillingness to comply with Chapter 919 of the Codified Ordinance o the City of Port Clinton, or regulations therefore, may be revoked or suspended,
or have penalties imposed pursuant to Codified Ord. 919.99

All registration certificates expire on December 31st of each year.

Office Use Only		
Date Application Received:	By:	
Payment Received:	□ Check #	□ Cash
☐ Approved ☐ Denied		
Safety-Service Director Signature:		Date:

## **Quarterly Report Submission**

☐ Report received by April 15 <sup>th</sup>						
	Received by:	_ Date:	_ Approved by SSD:	Date:		
	·		•			
□ Re	port received by July 1	5 <sup>th</sup>				
	Received by:	_ Date:	_ Approved by SSD:	Date:		
☐ Report received by October 15 <sup>th</sup>						
	Received by:	_ Date:	_ Approved by SSD:	Date:		
□ Re	port received by Janua	ry 15 <sup>th</sup>				
	Received by:	_ Date:	_ Approved by SSD:	Date:		