

OLDHAM COUNTY <u>PERMIT APPLICATION 20</u> COLLECTION AND/OR TRANSPORTATION OF SOLID WASTE	<u>Office Use Only</u>
	Date _____
	Pmt method _____ Amt \$ _____
	Permit # 20 - _____

NOTE: DO NOT LEAVE ANY BLANKS – IF NOT APPLICABLE, PLEASE INDICATE

APPLICANT

Company Name _____

Address _____ City _____ State _____ Zip _____

Contact _____ Phone _____

Email address _____

Company is: Sole Proprietorship Corporation/LLC Partnership

List Owners, Officers & Principal Shareholders _____

Federal Tax ID Number (TIN) _____

PERMIT TYPE Collection Transportation

Select all types of services offered: Residential Commercial Industrial Temporary Dumpster

KY Municipal Solid Waste Transporter License # _____ Issue Date _____

KY Transportation Cabinet (DOT) # _____ Issue Date _____

A copy of your KY Transportation Cabinet TC 95-41 ID Card for each vehicle or a list of each Vehicle Identification Number (VIN), License Plate Number, Make & Model and Gross Weight MUST accompany this permit application

RESIDENTIAL WASTE COLLECTION

Number of Households Served _____

Average Monthly Rate _____ Frequency of Collection - 1/Week, 2/Week, Every Other Week (Circle)

Is waste collection and/or hauling service performed on a “per job” or “as needed” basis and temporary? Yes No

If Yes, mark those that apply: Demolition Renovation Debris removal Construction
 Other _____

List waste disposal facility(s) used _____

RESIDENTIAL RECYCLING COLLECTION

Do you offer curbside recycling to your residential customers? Yes No

If yes, Average Monthly Rate _____ Frequency of Collection - 1/Week, 2/Week, Every Other Week (Circle)

List recycling facility(s) used _____

COMMERCIAL/INDUSTRIAL COLLECTION (include those served by compactors)

Number of Commercial Accounts Served _____

Number of Industrial (Manufacturing) Accounts Served _____

List waste disposal facility(s) used _____

COMMERCIAL/INDUSTRIAL RECYCLING

Do you offer collection for recycling to commercial or industrial customers? Yes No

List recycling facility(s) used: _____

I certify that this document and all attachments were prepared under my direction or supervision. This information submitted is, to the best of my knowledge and belief, true, accurate and complete.

Signature, Authorized Agent

Date

Print Name and Title

Return completed form with payment to: Oldham County Solid Waste & Recycling
Attn: Rebecca Zocklein
100 W. Jefferson Street, Suite 3
LaGrange, KY 40031

Fax to: 502-222-3213

****Include Permit Fee of \$50.00.**
Checks & money orders payable to Oldham County Fiscal Court
Pay by credit or debit card via phone or in person ONLY.
Three dollar transaction fee applies.