**Business Services** 

Office location - 7447 E. Indian School Road, #110

Scottsdale, AZ 85251

Mailing Address - P.O. Box 1586

Solid Waste/Recycling

License Number

Scottsdale, AZ 85251-1586

Telephone - (480) 312-2400 Fax - (480) 312-4806

SECTION 1 (Check one)

Web - www.ScottsdaleAZ.gov/licenses



## City of Scottsdale Commercial or Industrial Solid Waste and Recycling Application

Recycling (only (No application fee required)	/): \$50.00 i fee and no truck
Annual Truck F \$954.81 x (Commercial & Waste)	# - f t

Total Fee(s)

Solid Waste Commercial License Annual Application Fee: \$250.00

**To Applicant:** Fees are non-refundable and non-transferable. Incomplete applications will not be processed. Check all your answers for accuracy. Errors or omissions may delay the processing of your application. If questions are not applicable to you or your business, enter "N/A" as a response. Make checks payable to: The City of Scottsdale

SECTION 3 (Check one)

Th	nis application is a:	Type of ownership:							
Se	New Application. Start Date in Scottsdale Year(s)    Commercial or Industrial Solid Waste   Recycling Only   Commercial Solid Waste & Recycling (Combined) (No additional fee for Recycling if applying for Combined)	☐ Individual ☐ General Partnership ☐ Limited Liability Company ☐ Limited Partnership ☐ Corporation, State & Date Inc: Statutory Agent (Complete info)							
SECT	ION 4 Business Information								
1	. Applicant/Agent Name: Last	Final	B 40: -1 -11 -						
2	. Doing Business as:		Middle						
3	3. All Business Phone(s): Applicant/Agent's Mobile Phone:								
	Email Address:								
4	Complete Business Address:								
5	Complete Mailing Address:								
6									
Section 5 List all owners, officers, partners, or shareholders of 5% or more.									
	ner, Officer, Partner, or areholder (First, Last)  Title & Percentage of Ownership	Complete Residential Address	Drivers License Number & State						

Section 6 History of Criminal Conviction								
1. Has anyone listed on this application as an owner, officer, partner, or shareholder been convicted, in the previous 5 years, for a crime, except minor traffic offenses? ☐ No ☐ Yes If Yes, provide the information below.								
Individual's Name	Offense	Date of Offense		Where Offense Occurred	Court(s) Entered Into			
SECTION 7 Vehicle Information. List all trucks of 10 cubic yards or larger that will be in Scottsdale. Attach an addition sheet of paper, if necessary. Total # of Commercial Solid Waste trucks, of 10 cubic yards or larger working in Scottsdale								
Type of Truck Front Loader/Roll off	Vehicle Identification Number		AZ License Plate Number	Company issued Vehicle	Office Use Only Year & Tag # Issued			
T TOTAL ESCAPOTATION ON	11dmoor		Tiato Italiisoi	Tuonimoujion Humbon	rour a ray n roodod			
Section 8 Additional Information that must be submitted with application								
1. Provide a clear photocopy of a valid drivers license of each owner, officer, or partner authorized to submit this application.								
<ol> <li>Provide a written statement of the applicant's previous experience in activities similar to those of the Solid Waste and Recycling Application.</li> </ol>								
<ol> <li>Provide a written statement, or agreement indicating what arrangements the applicant has made, for the disposal of all commercial or industrial refuse to be collected pursuant to the license and the location of the site.</li> </ol>								
SECTION 9 Certification by authorized agent.								
I certify that the information and statements made in this application are true and complete to the best of my knowledge. I am aware that furnishing false information or omission of information on this application is sufficient cause to deny the issuance of a license. I understand that I will not be entitled to damages, of any kind, in the event that the Scottsdale City Council determines recycling licenses will not be issued in the future.								
I have attached all required documents required in order for my application to be considered complete and accurate.								

Signature of Applicant/Agent

Print Name

Date