

Business Services

Office location - 7447 E. Indian School Road, #110
Scottsdale, AZ 85251

Mailing Address - P.O. Box 1586
Scottsdale, AZ 85251-1586

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

Web - www.ScottsdaleAZ.gov/licenses



City of Scottsdale Commercial or Industrial Solid Waste and Recycling Application

Total Fee(s) _____

Recycling (only): \$50.00
(No application fee and no truck
fee required)

Annual Truck Fee:
\$900.00 x _____ # of trucks
(Commercial & Industrial Solid
Waste)

Solid Waste Commercial License
Annual Application Fee: \$250.00

Solid Waste/Recycling
License Number

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

<p>SECTION 1 (Check one)</p> <p>This application is a:</p> <p><input type="checkbox"/> New Application. Start Date in Scottsdale _____</p> <p><input type="checkbox"/> Renewal for _____ Year(s)</p> <p>Section 2 (Check one)</p> <p><input type="checkbox"/> Commercial or Industrial Solid Waste</p> <p><input type="checkbox"/> Recycling Only</p> <p><input type="checkbox"/> Commercial Solid Waste & Recycling (Combined) (No additional fee for Recycling if applying for Combined)</p>	<p>SECTION 3 (Check one)</p> <p>Type of ownership:</p> <p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> General Partnership</p> <p><input type="checkbox"/> Limited Liability Company</p> <p><input type="checkbox"/> Limited Partnership</p> <p><input type="checkbox"/> Corporation, State & Date Inc: _____ Statutory Agent (Complete info) _____ _____ _____</p>
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SECTION 4 Business Information

1. Applicant/Agent Name: _____
Last First Middle
2. Doing Business as: _____
3. All Business Phone(s): _____ Applicant/Agent's Mobile Phone: _____
Email Address: _____
4. Complete Business Address: _____
5. Complete Mailing Address: _____
6. Have you or this business ever been denied, revoked, or suspended for any similar license or permit, in this city or other jurisdiction?
 No Yes If Yes, please provide explanation: _____

Section 5 List all owners, officers, partners, or shareholders of 5% or more.

Owner, Officer, Partner, or Shareholder (First, Last)	Title & Percentage of Ownership	Complete Residential Address	Drivers License Number & State

