

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



Total Fee(s) _____

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

Annual Truck Fee:
\$750.00 x _____ # of trucks
(Commercial & Industrial Solid
Waste)

Solid Waste Commercial License
Annual Application Fee: \$250.00

City of Scottsdale Commercial or Industrial Solid Waste and Recycling Application

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

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 Identification Number	<u>Office Use Only</u> Year & Tag # Issued

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.
2. Provide a written statement of the applicant's previous experience in activities similar to those of the Solid Waste and Recycling Application.
3. 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.

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.

Print Name
Signature of Applicant/Agent
Date