

# CITY OF BURLINGTON • DEPARTMENT OF PUBLIC WORKS

# **ANNUAL APPLICATION FOR SOLID WASTE LICENSE**

TO BE COMPLETED BY ALL PERSONS OPERATING A SOLID WASTE OR RECYCLING COLLECTION SERVICES WITHIN THE CITY LIMITS PURSUANT TO CHAPTER 14, CODE OF ORDINANCES. (SEE INSTRUCTIONS ON BACK BEFORE COMPLETING)

TRADE NAME (DRA, MC)	
TAXPAYER REPRESENTATIVE  YEARS IN BUSINESS  FORM OF BUSINESS (IN Sole Proprietorship LLC Corporation STATE Sole Proprietorship LLC Corporation STATE STATE SINGLESS CONTACT NUMBER  CONTACT NUMBER  CONTACT NUMBER  CONTACT HAMLE  CONT	
BUSINESS ADDRESS  CITYITOWN  STATE  ZIP CODE  BILLING ADDRESS  CITYITOWN  STATE  ZIP CODE  CONTACT NAME  CONTACT NUMBER  CONTACT NUMBER  CONTACT NUMBER  CONTACT NUMBER  CONTACT NUMBER  CONTACT EMAIL ADDRESS  OPERATION  RENEWAL  ESTIMATED NUMBER OF RESIDENTIAL UNITS TO BE SERVED  LOCATION OF PARKED VEHICLES  HAVE YOU FILED ALL REQUIRED TAX RETURNS DURING THE LAST FISCAL YEAR?  YES  NO (If You Answer Yes, Please Attach An Explanation)  DID YOU ATTACH SCHEDULE A, VEHICLE DESCRIPTION SHEET?  WILL YOU BE REQUESTING PERMISSION FOR EARLY PICKUPS?  DID YOU ATTACH SCHEDULE B, EARLY PICKUPS?  DID YOU ATTACH SCHEDULE B, EARLY PICKUP REQUESTS?  PYES  DID YOU ATTACH SCHEDULE B, EARLY PICKUP REQUESTS?  PYES  DID YOU ATTACH SCHEDULE B, EARLY PICKUP REQUESTS?  PYES  DID YOU ATTACH SCHEDULE B, EARLY PICKUP REQUESTS?  PYES  DID YOU ATTACH SCHEDULE B, EARLY PICKUP REQUESTS?  PYES	
BILING ADDRESS  CITY/TOWN  STATE  ZIP CODE  CONTACT NAME  CONTACT NUMBER  CONTACT EMAIL ADDRESS  OPERATION  NEW APPLICATION  RENEWAL  ESTIMATED NUMBER OF RESIDENTIAL UNITS TO BE SERVED  LOCATION OF PARKED VEHICLES  HAVE YOU FILED ALL REQUIRED TAX RETURNS DURING THE LAST FISCAL YEAR?  YES  NO (If You Answer No, Please Attach An Explanation)  DID YOU ATTACH SCHEDULE A, VEHICLE DESCRIPTION SHEET?  WILL YOU BE REQUESTING PERMISSION FOR EARLY PICKUPS?  DID YOU ATTACH SCHEDULE B, EARLY PICKUP REQUESTS?  DID YOU ATTACH SCHEDULE B, EARLY PICKUP REQUESTS?  DID YOU ATTACH SCHEDULE B, EARLY PICKUP REQUESTS?  DID YOU ATTACH YOUR LICENSING FEE?  YES  DID YOU ATTACH YOUR LICENSING FEE?	
CONTACT NAME  CONTACT NUMBER  CONTACT NUMBER  CONTACT EMAIL ADDRESS  LOCATION OF PARKED VEHICLES  HAVE YOU EVER BEEN FINED BY ANY AGENCY OR COURT FOR VIOLATION OF ENVIRONMENT STANDARDS?  LYES  NO (If You Answer No. Please Attach An Explanation)  DID YOU ATTACH SCHEDULE A, VEHICLE DESCRIPTION SHEET?  WILL YOU BE REQUESTING PERMISSION FOR EARLY PICKUPS?  DID YOU ATTACH SCHEDULE B, EARLY PICKUP REQUESTS?  DID YOU ATTACH SCHEDULE B, EARLY PICKUP REQUESTS?  DID YOU ATTACH YOUR LICENSING FEE?  CONTACT NUMBER  CONTACT NUMBER  CONTACT MAIL ADDRESS  CONTACT EMAIL ADDRESS  CONTACT EMAIL ADDRESS  CONTACT EMAIL ADDRESS  CONTACT EMAIL ADDRESS  CONTACT MAIL ADDRESS  CONTACT EMAIL ADDRESS  CONTA	
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WILL YOU BE REQUESTING PERMISSION FOR EARLY PICKUPS?  DID YOU ATTACH SCHEDULE B, EARLY PICKUP REQUESTS?  DID YOU ATTACH YOUR LICENSING FEE?  YES  YES	ITAL LAWS OR
I certify that I have read the City of Burlington's solid waste ordinance (Chapter 14, Burlington Code of Ordinances) and regulations. I understand that failure to ob-	
regulations could result in a revocation of my license to collect solid waste and recyclable material within the City of Burlington. I also certify that I understand the City Noise Control Ordinance (Sec. 21-13, Code of Ordinances) and that I cannot begin the collection of solid waste or recyclable material before 7:00 a.m. unless previo the Public Works Commission and the Department of Public Works.	y of Burlington has a
I further certify that I will provide to the Department of Public Works all necessary records as required by ordinance or regulation, in the format requested, in a time I further certify that this document has been examined by me, and is, to the best of my knowledge and belief, true, correct, and complete.	ely manner.
SIGN HERE ▶ Signature Title	Date

ENV-10 INSTRUCTIONS Page 2

The purpose of Form ENV-10, Annual Application for Solid Waste License, is to provide a means for you to comply with Chapter 14, Burlington Code of Ordinances, which requires all collectors of solid waste and recyclable material to register with the Department of Public Works. Please send us a completed Form ENV-1 whenever there is a change in your business's name, Federal EIN, billing or business address, telephone number, ownership, or form of business organization.

If you need additional forms, call the Recycling Coordinator at 863-9094.

# In the **IDENTIFICATION** section, enter your:

FEDERAL EIN: This is your Federal Employer's Identification Number used for tax and record-keeping purposes.

ACCOUNT ID: For renewal application, this is your Department of Public Works identifying number, and appears on your Solid Waste Generation Tax Return. If this is a new application, leave this space blank

TRADE NAME: This is the name that you use in conducting your normal day-to-day business operation.

LEGAL NAME: Your legal name is the name under which your business owns assets or incurs debts. For sole proprietorships, it is the name of the proprietor; for corporations, it is the name filed with the Vermont Secretary of State; and for partnerships, it is the legal name used in the partnership agreement.

TAXPAYER REPRESENTATIVE: The person who handles tax matters for your business, and is authorized to file returns and receive notices.

FORM OF BUSINESS: This is the legal form of the taxpayer. Check only one box. (If there is no change, leave this space blank.)

BUSINESS ADDRESS: The address where your major business activity is physically located.

BILLING ADDRESS: The address where your tax returns and notices should be mailed. Be sure to include your street name and number, city and post office box number, if any.

BUSINESS TELEPHONE AND FAX NUMBERS: The telephone and fax numbers where you can usually be reached during normal business hours.

In the **OPERATION** section, check the appropriate box and enter:

ESTIMATED NUMBER OF RESIDENTIAL UNITS TO BE SERVED: For renewal application, this is the total number of residential customers you served in the month immediately preceding the date of this application. For a new application, this is an estimate of the average number of customers you expect to serve over the next twelve months.

LOCATION OF PARKED VEHICLES: The city or town in which the vehicles are garaged overnight.

HAVE YOU FILED ALL TAX RETURNS DURING THE LAST FISCAL YEAR?: For renewal applications, you must indicate whether or not you have not filed all required returns of all taxes due during the preceding fiscal year. If you did not, you must attach an explanation. Failure to file all tax returns is grounds for denying an application. For new applications, leave this space blank.

HAVE YOU EVER BEEN FINED BY ANY AGENCY OR COURT FOR VIOLATION OF ENVIRONMENTAL LAWS OR STANDARDS?: If you have ever been fined by any agency or court for any violation of environmental laws or standards, including regulations, rules, ordinances, and permits, you must attach an explanation.

#### LICENSING FEE:

The licensing fee is currently based upon the number of vehicles operated by the collection service. To determine the amount of your licensing fee, multiply the number of vehicles listed in Schedule A by \$15.00. A check in this amount must accompany your application. Renewal applications must be submitted to the Department no later than July 1 of each year. If a renewal application is submitted after July 1, you must add a \$50.00 late fee.

# **REQUIRED SCHEDULES:**

A collection service seeking a license must provide the Department with a complete list of all motor vehicles owned and operated as part of the collection service. This information should be entered on Schedule A, Vehicle Descriptions.

The City's Noise Control Ordinance prohibits the collection of solid waste and recyclable material before 7:00 a.m., unless the Public Works Commission authorizes an earlier collection time. If you are seeking permission to begin collection of any account before that time, you must complete Schedule B, Early Pickup Requests.

Your early pickup request will be reviewed by Department staff for a recommendation to the Commission. In making a recommendation, staff attempts to balance the needs of the neighborhood, traffic considerations, and your collection schedule.

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# **KNOWLEDGE OF ORDINANCES:**

By completing and filing this application with the Department, you indicate that you have read and reviewed the City of Burlington's Solid Waste Ordinance (Chapter 14, Code of Ordinances) and the Noise Control Ordinance (Sec. 21-13, Code of Ordinances). You must conduct your operations in accordance with these ordinances.

The Public Works Commission and the Department of Public Works may also adopt any and all regulations necessary to enforce and administer the solid waste and noise control ordinances. You must also conduct your operations in accordance with any of these regulations.

If you need a copy of any ordinance or regulations, please contact the Recycling Coordinator at 863-9094.

Finally, in the space marked:

SIGN HERE: Sign your name, and enter your title and the date in the space provided. Send your completed form to:

RECYCLING COORDINATOR DEPARTMENT of PUBLIC WORKS POST OFFICE BOX 849 BURLINGTON, VT 05402-0849

### PRIVACY ACT NOTIFICATION

The Federal Privacy Act of 1974, as amended, requires all agencies requesting identifying numbers to inform individuals from whom they seek information why the request is being made and how the information is used. The disclosure of identifying numbers, including Social Security Numbers, is required by Section 14-14 of Burlington Code of Ordinances. Such numbers which are disclosed on any reports or return are used for tax administration purposes, and as may be required by law, or when the taxpayer gives written authorization to this department for another department, person, agency or entity to have access (limited or otherwise) to the information contained in his/her return.