

Plan Review Fee Paid \_\_\_\_\_  
Permit Fee Paid \_\_\_\_\_  
Date Paid \_\_\_\_\_  
Check No. \_\_\_\_\_  
Receipt No. \_\_\_\_\_

**APPLICATION FOR A PERMIT TO OPERATE  
WASTE MANAGEMENT SYSTEM**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> BIO1: Biohazardous Waste Transfer Facility  | <input type="checkbox"/> GRWT: Green Waste Transfer Station       | <input type="checkbox"/> RRRF: Materials Recovery/Recycling Facility |
| <input type="checkbox"/> BIO2: Biohazardous Waste Transporter        | <input type="checkbox"/> IWAP: Industrial Waste Annual Permit     | <input type="checkbox"/> SBF: Storage Bin Facility Permit            |
| <input type="checkbox"/> BIO3: Biohazardous Waste Treatment Facility | <input type="checkbox"/> LF23: Landfill Permit, Class II /III     | <input type="checkbox"/> SPCL: Special Waste Facility                |
| <input type="checkbox"/> BIOS: Biosolids Disposal Permit             | <input type="checkbox"/> LFC1: Landfill Permit, Class I           | <input type="checkbox"/> THLR: Waste Tire Hauler                     |
| <input type="checkbox"/> C&DT: Const & Demo Debris Transfer Station  | <input type="checkbox"/> LQBIO2: Ltd Qty Biohaz Waste Transporter | <input type="checkbox"/> TMGT: Waste Tire Management Facility        |
| <input type="checkbox"/> COMF: Composting Facility                   | <input type="checkbox"/> MSWT: MSW Transfer Station               | <input type="checkbox"/> WHPT: Waste Hauler Permit                   |

<b>BUSINESS NAME</b>	<b>APPLICANT NAME / TITLE or AGENT FOR APPLICANT*</b>
Phone Number	Phone Number
Physical Address	Physical Address
City, State Zip	City, State Zip
Mailing Address	Mailing Address (to be used for correspondence)
City, State Zip	City, State Zip
Email Address	Email Address
<b>BILLING NAME</b>	<p>*Please provide Documentation authorizing agent to act on behalf of applicant.</p> <p><b>***SUPPLEMENTAL REQUIREMENTS***</b> are outlined on the reverse side of this application</p>
Phone Number	
Mailing Address	
City, State Zip	

Provide complete name and address of the following ownership category, as applicable:  INDIVIDUAL  CORPORATION  PARTNERSHIP  LLC

Name of Corporation \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

1. Name	3. Name
Phone Number	Phone Number
Mailing Address	Mailing Address
City, State , Zip	City, State , Zip
2. Name	4. Name
Phone Number	Phone Number
Mailing Address	Mailing Address
City, State Zip	City, State Zip

I hereby state that I am the applicant or an authorized representative of the applicant, and that the information contained in this application is true and correct to the best of my knowledge. I hereby consent to inspection by the Washoe County Health District and acknowledge that issuance and retention of this permit is contingent upon satisfactory compliance with local, state and federal solid waste management regulations.

Applicant Name (please print)	Title
Signature	Date

# Solid Waste Management Permit Application (continued):

## Supplemental Requirements (may not be required for all permit types)

1. Name of Local Enforcement Agency (LEA)
  - a.  Contact Name/Phone Number.
  - b.  Provide copies of any permits issued by the LEA or other permitting agency.
2. Operations / Procedures Plan
  - a.  Provide copy of plan. It must include emergency response plan, personnel training outline, identification of wastes and waste management processes, load checking/waste screening, and methods of transport.
3. Analyses of Waste
  - a.  Provide appropriate laboratory analyses for waste. Must demonstrate waste is characterized as non-hazardous.
  - b.  Provide Safety Data Sheet (SDS), if available.
4. Waste Type / Quantities
  - a.  List types and quantities of waste to be hauled, treated, processed or disposed (include frequency of transport, treatment, disposal – daily, weekly, monthly).
  - b.  State of origin for waste. Provide information regarding source or site of generation of waste.
5. Equipment / Vehicles
  - a.  List types, specifications of equipment to be used, including vehicles. Designate Model #, VIN #, License #, as appropriate.
6. Transport
  - a.  Describe routes used to transport waste to Washoe County or to Lockwood Regional Landfill. Provide maps as necessary.
7. Financial Assurance (only required for BIO3, C&DT, COMF, GRWT, MSWT, RRRF & TMGT permits)
  - a.  Describe financial instrument to be used.
  - b.  Provide cost estimates to support closure plan; value of financial instrument must match or exceed closure cost estimate.

**The permit to operate is non-transferable.**

Any change in business ownership or location requires submittal of a new permit application within thirty (30) days.