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

Solid Waste/Recycling License Number

Fee(s)

City of Scottsdale Commercial or Industrial Solid Waste and Recycling Application

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

SECTION 4 Business Information

1.	Applicant/Agent Name:			
2.	Doing Business as:	Last	First	Middle
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, o	or suspended for any similar license or pe	ermit, 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	Title & Percentage of	Complete Residential Address	Drivers License
Shareholder (First, Last)	Ownership		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? \Box No \Box 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