



Escambia County, Florida
Department of Solid Waste Management

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APPLICATION FOR SOLID WASTE MANAGEMENT PERMIT

Name of Business: (Legal Name) (Trade Name)

Business Address: Street City & State Zip

Telephone: Fax: Email:

Owner(s) Name(s):

Address: (if different from business address)

Type of Business: Corporation Partnership Sole Proprietor Other:

Complete the following attaching additional information, if needed:

1. List all motorized equipment or other equipment to be used in such collection, transportation or disposal.

2. List method(s) of storage, transport and processing to be used.

3. Detail location and type of processing and/or disposal to be used.

4. Itemize the types and amounts of waste to be covered by the permit, including a description of the process/project generating the waste.

5. State the route(s) to be used in transporting and the pick-up schedules.

6. Proof of all insurance is required. (Attach certificate/s)

7. Is a Certificate of Need required? Yes No

If yes, has it been acquired? Yes No

Submit Certificate of need only if organization has had a name change/merger/business address change during the last year.

Special Instructions: Prior to operation, all vehicles must have the following markings:

- A. Clearly visible insignia designating the name of the collection firm, telephone number and vehicle number on both sides of the vehicle.
B. Any container that is interchangeable with a cab shall be numbered in a color which contrasts with that of the container. Such numbers are to be clearly legible and not less than six-inches (6") high.

Signature of Applicant

Date