



### APPLICATION FOR REFUSE COLLECTION TRUCK PERMIT

New Truck Application  Existing Permitted Truck Information Update  Annual Truck Inventory Review

DATE:	DBA (Business Name):	SF BUSINESS REGISTRATION CERTIFICATE (BAN):
BUSINESS ADDRESS:		FLEET LOCATION ADDRESS:
MAILING ADDRESS (If different):		
BUSINESS PHONE NUMBER:		BUSINESS EMAIL:
OWNERSHIP NAME (Business Trade Name as it appears on SF Business Registration Certificate):		
TYPE OF OWNERSHIP (Check one): <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LP		

LIST MAJOR OFFICERS IF APPLICABLE:

**FOR INFORMATION UPDATE TO EXISTING PERMITTED TRUCK ONLY (If more than 1 truck, attach additional page(s))**

DPH Truck Permit #: _____	<input type="checkbox"/> Change of Refuse Collection Route # _____ (Provide New Route Permit or Contract)
<input type="checkbox"/> Change of Contact Information	Previous Refuse Collection Route #: _____
Previous Information: _____	<input type="checkbox"/> Change of Solid Waste Collected
<input type="checkbox"/> Permanently Out of Service	Previous Waste Type: _____
Date Out of Service: _____	

**ASSOCIATED REFUSE COLLECTION PERMIT/AUTHORIZATION**

Provide copies of the following applicable permits and contracts:

Refuse Collection Permit  Federal Facilities  Non-Federal Facilities in TI/YB  
 Route #: \_\_\_\_\_ DPH Route Permit #: \_\_\_\_\_  
 City Departments (Contract with Office of Contract Administrator)  
 Contract #: \_\_\_\_\_  
 Other: \_\_\_\_\_

**PERMIT REQUIREMENTS (PROVIDE SEPARATE DOCUMENTS)**

<input type="checkbox"/> Application for Refuse Collection Truck Permit	<input type="checkbox"/> SF Planning Project Application for Environmental Review or Verification of CEQA compliance
<input type="checkbox"/> Business Registration Certificate or Equivalent	<input type="checkbox"/> Map Depicting Area(s) of Refuse Collection Services
<input type="checkbox"/> Declaration for Health & Safe Working Conditions	<input type="checkbox"/> Refuse Collection Truck Inventory # List (Excel Format)
<input type="checkbox"/> Worker's Compensation Declaration for Regulated Businesses	

The undersigned hereby applies for a Permit to Operate and agrees to operate in accordance with all applicable federal, state, and local regulations, laws, and such inspection procedures needed to ensure compliance. Hourly rate for additional environmental health services provided may be applicable. Payment of the required fee and late penalties, if any, to secure a valid permit is required before commencing or continuing operations. Failure to do so may result in a misdemeanor citation, infractions, permit suspension/revocation proceedings, and/or closure. Notify San Francisco Department of Public Health of any changes in the type of business activity, name, mailing address, or ownership.

**SIGNATURE(S) OF ALL OWNER(S) AND OFFICERS(S):**

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_

**FOR OFFICE USE ONLY**

I recommend	<input type="checkbox"/> Issuance of the New Permit on _____	<input type="checkbox"/> Denial of the New Permit due to _____
Special Notes:		
_____ Inspector	_____ Date	_____ Principal Inspector
_____ Date Received	_____ BAN#	_____ Type of Permit/Classification/Limitations
		_____ Date
		_____ Location ID