

Solid Waste & Recycling Program

Collection License Application



Instructions: Applicants for collecting solid waste and recyclables must complete, sign and date this application. Please note that for this application to be accepted by the County every question must be answered. DO NOT leave any questions blank.

| | | | | | |
|--|--------------|-----------------|---|--------------|-----------------|
| 1. Business Name | | | 2. Operating Name (D.B.A) | | |
| 3. Name of Authorized Contact Person | | | 4. Phone Number of Authorized Contact Person | | |
| 5. Business Address | | | 6. Location of Operating Yard | | |
| <i>City</i> | <i>State</i> | <i>ZIP Code</i> | <i>City</i> | <i>State</i> | <i>ZIP Code</i> |
| 7. Emergency Contact Name | | | 8. Emergency Contact Phone Number | | |
| 9. Oregon Business Registry Number | | | 10. Is the Business Registry Currently Active? (check one) | | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 11. Name of Insurance Carrier & Policy Number (provide proof of coverage, with the County listed as additionally insured) | | | | | |

12. Type of Services Offered (check all that apply)

Single Family Residential
 Multifamily Residential
 Commercial
 Drop Box

13. Collection Vehicles to be used (attach additional sheet if necessary)

| a) State & License Number | b) Make / Model / Year | c) Vehicle Identification Number |
|---------------------------|------------------------|----------------------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |
| 11. | | |
| 12. | | |

I hereby certify that the information contained in this application is true and accurate and that the firm or company for which I am a certified agent is in compliance with all applicable Federal, state and local laws as they apply to the collection of solid waste and recycling and other activities associated with the execution of the responsibilities incumbent on a Multnomah County Solid Waste and Recycling License Holder.

Licensee shall defend, save, hold harmless, and indemnify County and its officers, employees and agents from and against all claims, suits, actions, losses, damages, liabilities, costs and expenses of any nature whatsoever, including attorneys fees, resulting from, arising out of, or relating to the activities of Licensee or its officers, employees, subcontractors, or agents under this License. Licensee shall have control of the defense and settlement of any claim that is subject to this paragraph. However, neither Licensee nor any attorney engaged by Licensee shall defend the claim in the name of County or any department of County, nor purport to act as legal representative of County or any of its departments, without first receiving from the Multnomah County Attorney's Office, authority to act as legal counsel for County, nor shall Licensee settle any claim on behalf of County without the approval of the Multnomah County Attorney's Office. County may, at its election and expense, assume its own defense and settlement.

| | |
|--------------------|---------------|
| Print Name: | Title: |
| Sign Name: | Date: |

Company Name: _____ Date: _____

Please note that for this application to be accepted by the County every question must be answered. **DO NOT** leave any questions blank.

Ownership/Management Information

Please list below all principals of the business. Principals include all officers, partners, owners and managers of the firm or corporation. Please indicate the position each individual holds. Use additional pages to list all principals, if required.

| | | |
|---------------------|------------------------|--|
| Principal #1 | Name | |
| | Position | |
| | Mailing Address | |
| | Daytime Phone | |
| | Email Address | |
| Principal #2 | Name | |
| | Position | |
| | Mailing Address | |
| | Daytime Phone | |
| | Email Address | |
| Principal #3 | Name | |
| | Position | |
| | Mailing Address | |
| | Daytime Phone | |
| | Email Address | |
| Principal #4 | Name | |
| | Position | |
| | Mailing Address | |
| | Daytime Phone | |
| | Email Address | |

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1. Within the last ten years do you or any other principals of this firm have any pending or former civil litigation resulting from allegations of property damage, discrimination, or violations of environmental laws that occurred within the course and scope of the applicant's solid waste collection activities?

_____ **Yes** _____ **No**

If yes, please complete the following. Use additional pages if necessary.

Name of Principal: _____

Charge and outcome: _____

Name and phone number of legal authority: _____

Case identification number: _____

2. Within the last three years have you, this firm, or of the principals of this firm been involved in an incident, during the course and scope of your solid waste collection activities, that occurred within the Metro watershed, and required the filing of an ODOT Motor Carrier Crash Report (Form 735-9229)?

_____ **Yes** _____ **No**

If yes, please complete the following. Use additional pages if necessary.

Description of incident and outcome: _____

3. Have you, this firm or any of the principals of this firm been subject to enforcement action by the Oregon Department of Environmental Quality or Metro?

_____ **Yes** _____ **No**

If yes, please complete the following. Use additional pages if necessary.

Describe nature of enforcement action and outcome: _____

Date of enforcement action: _____

Name and phone number of legal authority: _____

Case or Identification Number: _____

4. In the last twelve months has this firm or corporation been prohibited from operating its collection vehicles due to an unsatisfactory safety fitness rating from either the U.S. Department of Transportation or the Oregon Department of Transportation?

_____ **Yes** _____ **No**

If yes, please complete the following. Use additional pages if necessary.

Date of enforcement action: _____

Name and phone number of legal authority: _____

Case or Identification Number: _____

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5. List the street segments, or provide a separate attachment in the form of a Map, a list of all regularly scheduled collection routes.

6. Provide the total number of all customers served.

| Number | Type of Service |
|--------|---------------------------|
| | Single Family Residential |
| | Multifamily Residential |
| | Commercial |

7. Frequency of Service.

| Frequency of Service <i>(weekly, bi-weekly, etc.)</i> | | | |
|--|---------------------------|-------------------------|------------|
| Collection Type | Single Family Residential | Multifamily Residential | Commercial |
| <i>Solid Waste</i> | | | |
| <i>Mixed Recycling</i> | | | |
| <i>Glass</i> | | | |

8. Please provide a copy of your bi-annual informational materials with this application and please list the months in which each item is provided to customers. *(This is for informational materials that are in addition to the ones provided to you by the County.)*

| |
|---|
| <p>⇓⇓ For County Use Only ⇓⇓</p> |
|---|

- a. Number of customers in unincorporated Multnomah County: _____ x
 b. \$1.00 x
 c. Number of months remaining in the calendar year: _____ =
 d. Total amount due: _____

| For Staff Use | |
|---------------------------|------------------|
| Application Received Date | |
| Application Fee Due | |
| License Fee Amount Due | |
| License Fee Paid Date | |
| Application Approved | Yes ____ No ____ |
| Date License Issued | |