

# 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. Email completed forms and any attachments to [solidwaste@multco.us](mailto:solidwaste@multco.us).

<b>1. Business Name</b>			<b>2. Operating Name (D.B.A)</b>		
<b>3. Name of Authorized Contact Person</b>			<b>4. Phone Number and Email of Authorized Contact Person</b>		
<b>5. Business Address</b>			<b>6. Location of Operating Yard</b>		
<i>City</i>	<i>State</i>	<i>ZIP Code</i>	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
<b>7. Emergency Contact Name</b>			<b>8. Emergency Contact Phone Number</b>		
<b>9. Oregon Business Registry Number</b>			<b>10. Is the Business Registry Currently Active? (check one)</b>		
			<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.

<b>Print Name:</b>	<b>Title:</b>
<b>Sign Name:</b>	<b>Date:</b>

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.

<b>Principal #1</b>	<b>Name</b>	
	<b>Position</b>	
	<b>Mailing Address</b>	
	<b>Daytime Phone</b>	
	<b>Email Address</b>	
<b>Principal #2</b>	<b>Name</b>	
	<b>Position</b>	
	<b>Mailing Address</b>	
	<b>Daytime Phone</b>	
	<b>Email Address</b>	
<b>Principal #3</b>	<b>Name</b>	
	<b>Position</b>	
	<b>Mailing Address</b>	
	<b>Daytime Phone</b>	
	<b>Email Address</b>	
<b>Principal #4</b>	<b>Name</b>	
	<b>Position</b>	
	<b>Mailing Address</b>	
	<b>Daytime Phone</b>	
	<b>Email Address</b>	

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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. Please document the total number of **Single Family Residential** customers served, as well as the type and frequency of collection services provided.

Type of Service	Total Number - Inside Metro Boundary	Total Number - Outside Metro Boundary		
Single Family Residential				
Required Services	Frequency of Service (None, On-call, Weekly, Bi-weekly, etc.)	Container Description		
		Type (Cart, Bin, Other)	Size (Gallons)	Color
Garbage				
Mixed Recycling				
Glass				
<b>Optional Rural Services</b>				
Yard Debris (only)				
Food Scraps (only)				
Yard / Food (combined)				
Motor Oil				
Other				

6. Please describe any signage (including on containers) provided to Single Family Residential customers.

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7. Please document the total number of **Multifamily Residential** customers served, as well as the type and frequency of collection services provided.

Type of Service	Total Number - Inside Metro Boundary	Total Number - Outside Metro Boundary		
Multifamily Residential				
Required Services	Frequency of Service (None, On-call, Weekly, Bi-weekly, etc.)	Container Description		
		Type (Cart, Bin, Other)	Size (Gallons)	Color
Garbage				
Mixed Recycling				
Glass				
<b>Optional Rural Services</b>				
Yard Debris (only)				
Food Scraps (only)				
Yard / Food (combined)				
Motor Oil				
Other				

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8. Please describe any signage (including on containers) provided to Multifamily Residential customers.

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9. Please document the total number of **Commercial** customers served, as well as the type and frequency of collection services provided.

Type of Service	Total Number - Inside Metro Boundary	Total Number - Outside Metro Boundary		
Commercial				
Required Services	Frequency of Service (None, On-call, Weekly, Bi-weekly, etc.)	Container Description		
		Type (Cart, Bin, Other)	Size (Gallons)	Color
Garbage				
Mixed Recycling				
Glass				
<b>Optional Rural Services</b>				
Yard Debris (only)				
Food Scraps (only)				
Yard / Food (combined)				
Motor Oil				
Other				

10. Please describe any signage (including on containers) provided to Commercial customers.

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11. Please document the dates on which any outreach and education activities were provided to your customers *(Note: This is for informational materials that are in addition to the ones provided to you by the County).*

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12. Please confirm that the following attachments are included with this application by placing a checkmark next to each:

Check All	Attachment
	Copy of Bi-Annual Outreach and Informational Materials
	Certificate of Liability Insurance
	Collection Route Map(s) or List of Addresses Served
	\$150 Application Fee Payment

13. Please indicate how the remaining annual License Fee should be invoiced.

**Single Payment**       **Quarterly Payments**

⇓⇓ **For County Use Only** ⇓⇓

- a. Application fee = \$150.00 (nonrefundable)
- b. License Fee
  - i. Customers in unincorporated Multnomah County x \$1.00 = \$\_\_\_\_\_ (annual fee)
  - ii. Months remaining in the calendar year: \_\_\_\_\_ / 12 = \_\_\_\_\_ % (prorated percentage)
- Total = \$\_\_\_\_\_ (b. i x b. ii)
- c. Total Amount Owed (select one)
  - i. If license fee > application fee, then total = \$\_\_\_\_\_ (License Fee – Application Fee; minimum \$150)
  - ii. If license fee < application fee, then total = \$\_\_\_\_\_ (Application Fee Only)

For Staff Use	
Date Application Received	
Date Application Fee Paid	
Amount Still Owed	Total \$ _____ Quarterly \$ _____
Date Paid in Full	
Application Approved	Yes _____ No _____
Date License Issued	