



**CONTRA COSTA**  
**ENVIRONMENTAL HEALTH DIVISION**  
 2120 DIAMOND BOULEVARD, SUITE 200  
 CONCORD, CA 94520  
 (925) 692-2500 PHONE | (925) 692-2502 FAX  
<http://www.cchealth.org/eh>



## NON-FRANCHISE SOLID WASTE COLLECTION & TRANSPORT APPLICATION

(APPLICATION FEE IS DUE AND NON-REFUNDABLE)

**SECTION 1: APPLICATION TYPE**

New     Renewal

**SECTION 2: CONTACT INFORMATION**

**A. Applicant Information**

APPLICANT NAME :		
APPLICANT ADDRESS :		
CITY / STATE / ZIP CODE :	PHONE # :	FAX # :
APPLICANT EMAIL :		

**B. Business Information** (If Sole Proprietor, provide a copy of a valid fictitious business name statement for the business. All others, provide written documentation that the entity may lawfully conduct business in the unincorporated area.)

BUSINESS NAME :	<input type="checkbox"/> CORP <input type="checkbox"/> INC <input type="checkbox"/> LLC <input type="checkbox"/> LP <input type="checkbox"/> SOLE PROPRIETOR				
BUSINESS ADDRESS :	EMPLOYER IDENTIFICATION NUMBER (EIN) :				
CITY / STATE / ZIP CODE :	PHONE # :	FAX # :			
BUSINESS EMAIL :					
CARRIER IDENTIFICATION NUMBER (provide proof of possession, if applicable) :			US DEPT. OF TRANSPORTATION (DOT) NUMBER (if applicable) :		
BUSINESS MAILING ADDRESS (if different from above) :					
CITY / STATE / ZIP CODE :					

**SECTION 2: REFUSE HAULING VEHICLE(S)**

**A. Vehicle Information** (if more than 10, attach separate sheet)

Vehicle No.	Make	Model	License Plate #	Vehicle Identification #	Roll-Off Box
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

**\*\*Note:** Attach copies of valid California vehicle registration cards for each vehicle.

**B. Location Where Vehicle(s) Are Stored**

STREET ADDRESS :
CITY / STATE / ZIP CODE :

**SECTION 3: REFUSE HAULING VEHICLE OPERATOR(S)**

**A. Operator Information (if more than 14, attach separate sheet)**

Operator's Name	Driver's License No.	Operator's Name	Driver's License No.

**\*\*Note:** Provide documentation of each operator's legal authority to operate a refuse hauling vehicle, including copies of valid California Driver's Licenses.

**SECTION 4: WHERE DO YOU PROPOSE TO PROVIDE PICK-UP & HAULING SERVICES IN THE COUNTY UNINCORPORATED AREA?**

(Numbered Territories correspond to service areas shown on the attached map. Check all that apply.)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> All Hauling Territories (1-9) | <input type="checkbox"/> Hauling Territory 4 | <input type="checkbox"/> Hauling Territory 8  |
| <input type="checkbox"/> Hauling Territory 1           | <input type="checkbox"/> Hauling Territory 5 | <input type="checkbox"/> Hauling Territory 9  |
| <input type="checkbox"/> Hauling Territory 2           | <input type="checkbox"/> Hauling Territory 6 | <input type="checkbox"/> Hauling Territory 10 |
| <input type="checkbox"/> Hauling Territory 3           | <input type="checkbox"/> Hauling Territory 7 |   |

**SECTION 5: WHAT TYPES OF CUSTOMERS/LOCATIONS DO YOU PROPOSE TO SERVE? (Check all that apply)**

- |                                       |                                       |                                       |
|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Residential  | <input type="checkbox"/> Commercial   | <input type="checkbox"/> Industrial   |
| <input type="checkbox"/> Governmental | <input type="checkbox"/> Agricultural | <input type="checkbox"/> Other: _____ |

**SECTION 6: WHICH TYPE(S) OF WASTE DO YOU PROPOSE TO COLLECT & TRANSPORT TO APPROVED LOCATION(S)? (Check all that apply)**

**\*\*Note:** No permit required for waste or materials that your company would **NOT** charge customers to remove, transport, or properly recycle/dispose of. **DO NOT complete the remainder of the application if solely proposing to offer free pick-up services.**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Household Trash (Municipal Solid Waste) | <input type="checkbox"/> Scrap Metal                      | <input type="checkbox"/> Cardboard / Paper      |
| <input type="checkbox"/> Mixed Commercial Waste / Trash          | <input type="checkbox"/> Construction / Demolition Debris | <input type="checkbox"/> Furniture / Mattresses |
| <input type="checkbox"/> Electronic Waste (E-Waste)              | <input type="checkbox"/> Green Waste / Wood Waste         | <input type="checkbox"/> Other: _____           |
| <input type="checkbox"/> Contaminated Soil                       | <input type="checkbox"/> Appliances (White Goods)         | <input type="checkbox"/> Other: _____           |
| <input type="checkbox"/> Non-Hazardous Industrial Waste          | <input type="checkbox"/> Bottles / Cans                   | <input type="checkbox"/> Other: _____           |

**SECTION 7: SERVICE(S) PROVIDED**

**A. Will you provide any on-site service (e.g. junk removal, site clean-up, etc.) related to the above type(s) of waste to be hauled away?**

- No, the company will only offer to haul away waste placed out for pick-up by customers. (Skip to Section 8)
- Yes. Please describe these services below:

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**B. Will you charge customers for any on-site service(s) noted above?**

- No, related on-site service(s) noted in Section 7A will be offered and provided to customers free of charge.
- Yes, there will be a charge to customers for on-site service(s) noted in Section 7A.

**SECTION 8: LOCATION(S) WHERE SOLID WASTE IS TRANSPORTED** (if more than 4, attach separate sheet)

Facility Name	Address

**SECTION 9: BOND & INSURANCE REQUIREMENT**

**A. Performance Bond Information** (Provide copy of the Non-Franchise Solid Waste Hauler Bond form)

SURETY COMPANY NAME :		
SURETY COMPANY ADDRESS :		
CITY / STATE / ZIP CODE :	PHONE # :	FAX # :
POLICY NUMBER :	EFFECTIVE DATE :	

**B. Liability Insurance Information** (Provide proof of liability insurance)

INSURANCE COMPANY NAME :		
INSURANCE COMPANY ADDRESS :		
CITY / STATE / ZIP CODE :	PHONE # :	FAX # :
POLICY NUMBER :	EFFECTIVE DATE :	EXPIRATION DATE :

**SECTION 10: SUPPLEMENT DOCUMENTS REQUIRED** (if applicable)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Fictitious Business Name Statement          | <input type="checkbox"/> California Driver's License(s)        | <input type="checkbox"/> Proof of Liability Insurance |
| <input type="checkbox"/> Proof of Valid Motor Carrier Identification | <input type="checkbox"/> Map of Intended Service Area          | <input type="checkbox"/> Other : _____                |
| <input type="checkbox"/> Vehicle Registration Card(s)                | <input type="checkbox"/> Non-Franchise Solid Waste Hauler Bond |   |

**SECTION 11: TERMS / SIGNATURE**

The undersigned hereby certifies that all of the information provided on this application is true and accurate, and agrees to notify Contra Costa Environmental Health of any changes that occur including, but not limited to, the type(s) of business activity, business name, business address, vehicle(s), vehicle storage location, liability insurance coverage, performance bond, business ownership, and/or closure.

The signature below must be from an owner, partner or corporate officer (for corporations and limited liability companies). A manually signed copy of this application delivered by facsimile, email, or other electronic transmission shall be deemed to have the same legal effect as delivery of an original signed hard copy of this application.

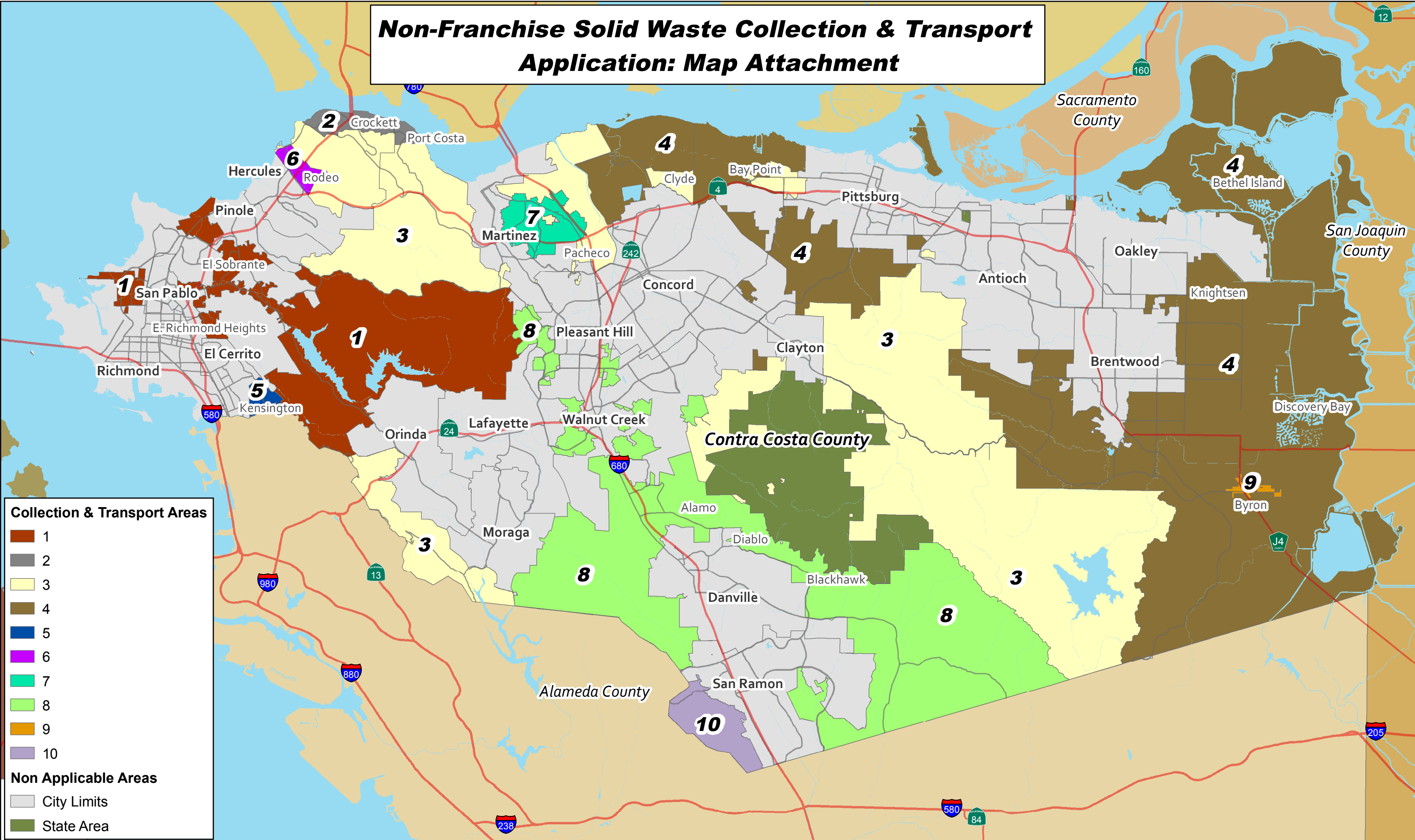
APPLICANT NAME (Please print) : \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE : \_\_\_\_\_

**FOR OFFICE USE ONLY**

SR#:	FA#:	PR# :	P/E:	EHT:	RECEIVED BY:	DATE RECEIVED:
AMOUNT DUE: \$	AMOUNT PAID: \$	CHECK #:	METHOD OF PAYMENT: <input type="checkbox"/> CASH/CHK <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> D/C			RECEIPT #: XR

# Non-Franchise Solid Waste Collection & Transport Application: Map Attachment

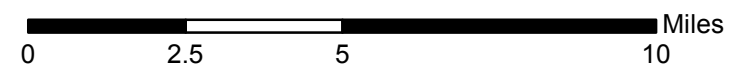


**Collection & Transport Areas**

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

**Non Applicable Areas**

- City Limits
- State Area



\* Population numbers from 2010 Census Data \*

Map Created 2/22/2018  
by Contra Costa County Department of  
Conservation and Development, GIS Group  
30 Muir Road, Martinez, CA 94553  
37:59:41.791N 122:07:03.756W

This map was created by the Contra Costa County Department of Conservation and Development with data from the Contra Costa County GIS Program. Some base data, primarily City Limits, is derived from the CA State Board of Equalization's tax rate areas. While obligated to use this data the County assumes no responsibility for its accuracy. This map contains copyrighted information and may not be altered. It may be reproduced in its current state if the source is cited. Users of this map agree to read and accept the County of Contra Costa disclaimer of liability for geographic information.

