



City of El Segundo

PUBLIC WORKS DEPARTMENT

350 Main Street, El Segundo, CA 90245
Phone: 310-524-2365 • Email: jallen@elsegundo.org

APPLICATION TO PROVIDE SOLID WASTE COLLECTION AND DISPOSAL SERVICES FOR COMMERCIAL PROPERTIES AND/ OR MULTI-FAMILY DWELLINGS PURSUANT TO ESMC TITLE 5 CHAPTER 2

Instructions

- Submit completed application form to City of El Segundo **Attn: Senior Management Analyst; Public Works Department 350 Main St., El Segundo, CA 90245** or email to jallen@elsegundo.org.
- Payment for the Permitted Hauler annual fee (\$1866.00) should be made out to "City of El Segundo" and mailed to the Public Works Department.
- If the permit application is denied, the hauler will be refunded the annual application fee minus the "review application" charge (\$1,558.66 refunded).
- A list of permitted haulers will be placed on the City's website annually. A copy of El Segundo Municipal Code (ESMC) can be found at www.elsegundo.org.

Haulers are required to include their Quarterly Reporting Forms: AB 341 (Mandatory Commercial Recycling - MCR) and AB 1826 (Mandatory Organics Recycling - MORE) outreach and customer participation information. In addition, all solid waste haulers must include with this permit application a copy of the MCR and MORE outreach sent to applicable customers in 2019.

Pursuant to ESMC 5-2-15(G)(9), each permittee is required to ensure that organics and recycling services are provided for all of its customers and each permittee must, at least once annually, provide educational and informational literature to its customers and the City describing the organics and recycling services to be provided, organics and recyclable materials to be recycled, instructions on how to participate, and instructions on how to properly separate recyclable materials and organics to maximize waste diversion. **Please attach a sample of the educational outreach materials you intend to use during your first year in service.**

Pursuant to ESMC 5-2-15(G)(8), the permittee must submit quarterly reports to the Public Works Director stating the total number of customers serviced categorized by service type (solid waste, recycling, and organics); the customer list of premises/businesses from which each type of waste was collected; the level of service provided to each customer, including type and weight of solid waste collected (categorized by solid waste, recyclables, and organics); the number of containers; the frequency of service (number of days per week); and the final destination of each type of waste. All such reports must be submitted on a form approved by the Public Works Director. If a property contains both commercial and multi-family premises, and the permittee provides collection services to both, the permittee must independently track the solid waste, organics and recyclables generated by the commercial and multi-family components of the premises.

Application Type

NEW

RENEWAL

Applicant Information

Applicant Full Name: _____ Date: _____
Last First

Title

Applicant Address: _____
Street Address

City State ZIP Code

Phone: _____ Email _____

Business Information

Business Name: _____
CORP LLC PARTNERSHIP PROPRIETOR SOLE

If Sole Proprietor, provide a copy of fictitious business name statement for the business. All others, provide written documentation that the entity may lawfully conduct business in the service area.

Business Address: _____
Street Address Employer Identification Number (EIN)

Business Address: _____
City State ZIP Code

Contact Information: _____
Business Email Phone Title

Carrier Identification Number (Provide proof of possession if applicable) US Department of Transportation (DOT) Number (If applicable)

Business Mailing Address: _____
(If different) Street Address City/ State ZIP Code

Hauling Vehicles

If more than 10, please attach a separate sheet.

Vehicle #	Year/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"/>

Attach copies of valid California vehicle registration cards for each vehicle.

Vehicle Safety Inspections

Name of Inspection Company

Phone Number

Date of Last Inspection

Location Where Vehicles are Stored

Street Address

City/ State

ZIP Code

Vehicle Operators

If more than 10, please attach a separate sheet.

Operator's Name	Driver's License #	Operator's Name	Driver's License #

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

What types of customers/ locations do you propose to serve? Check all that apply.

COMMERCIAL MULTI-FAMILY PREMISES OTHER: _____

For purposes of this section, "multi-family premises" refers to a building containing three or more dwelling units designed or arranged for occupancy by three or more households living independently in which they may or may not share common entrances and/or other spaces.

Which type(s) of waste do you propose to collect?

Check all that apply.

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

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

- No, the company will only offer to haul away waste placed out for pick-up by customers.
- Yes. *Please describe the services below.*

Location(s) Where Solid Waste is Transported for Disposal or Processing

If more than 4, please attach a separate sheet.

SOLID WASTE

Facility Name	Address

RECYCLABLES

Facility Name	Address

ORGANICS

Facility Name	Address

Liability Insurance Requirement

Insurance
Company:

_____ *Company Name*

_____ *Phone*

_____ *Email*

Company

Address:

Street Address

City/ State

ZIP Code

Insurance

Information:

Insurance Policy Number

Effective Date

Expiration Date

Provide a copy of your commercial general liability insurance coverage with limits no less than one million dollars per occurrence and one million dollars in the aggregate.

Collection Containers

The permittee certifies each container of one cubic yard or more that is used by the permittee in the course of operations under the permit must be marked with the name and telephone number of the permittee. All containers are currently, and will continue to be, maintained in a clean and safe condition. For the purposes of this subsection, containers include trailers but do not include motorized vehicles.

Supplemental Documents (If applicable)

Check all that apply.

- Fictitious Business Name Statement
- Proof of Valid Motor Carrier Identification
- Vehicle Registration Card(s)
- California Driver's License(s)

- Proof of Liability Insurance
- AB 341 & AB 1826 Quarterly Reporting Forms
- AB 341 & AB 1826 Outreach Materials
- Other:

Terms and Signature

The undersigned hereby certifies that all of the information provided on this application is true and accurate, and agrees to notify City of El Segundo Public Works Department if any changes occur including, but not limited to, the type(s) of business activity, business name, business address, vehicle(s), vehicle storage location, liability insurance coverage, business ownership and/or closure.

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

Name/Title:

(Please print)

Signature:

Date:

The City reserves the right to revoke this permit for violation of any permit condition. Failure to provide disposal receipts upon request of the City will result in permit revocation.

Official City Use Only Below This Line

Permit Fees Paid:

Form of Payment

Amount Paid

Date

Permit Granted (Date):

Permit Expires (Date):

Permit Denied (Date):

Review by (Print Name):

Signature: