



SOLID WASTE COLLECTOR'S ANNUAL PERMIT APPLICATION

**Important Notice Read Carefully Before Completing This Application.**

Your Solid Waste Collector's Permit will be issued under the provisions of the Town of Pinetop-Lakeside. You are cautioned that the permit does not allow operation of a business in violation of other laws and ordinances. Your business location will be checked by zoning, and if necessary, the fire district officials. If you have any doubt that your business location conforms with the requirements of the State Statutes and Town Ordinances administered by these departments, you are urged to contact these departments for further information before filing this application for a Solid Waste Collector's Permit. Permit fees are nonrefundable. This is an annual permit which must be renewed each year. **Attach \$200.00 fee (Payable to: The Town of Pinetop/Lakeside) with application. A Certificate of Liability Insurance shall accompany this application.**

**I. Ownership Information**

- A) Is the business: Single Ownership \_\_\_\_\_; Partnership \_\_\_\_\_; Corporation \_\_\_\_\_?
- B) If the business is a corporation, have you registered with the state? Yes \_\_\_\_ No \_\_\_\_\_?
- C) List owner(s); (If corporation, list officers and positions held.)

_____	_____
Name	Name
_____	_____
Street Address	Street Address
_____	_____
Mailing Address	Mailing Address
_____	_____
Town/State/Zip	Town/State/Zip
_____	_____
Telephone	Telephone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Town/State/Zip

\_\_\_\_\_  
Town/State/Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Telephone

**II. Business Information**

A) Full Corporate/Business name \_\_\_\_\_

B) Business address \_\_\_\_\_

Business telephone \_\_\_\_\_

C) Describe fully the other products or service provided

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D) Federal Tax I.D. Number \_\_\_\_\_

E) Other State/Federal license numbers and type \_\_\_\_\_

\_\_\_\_\_

**III. Mailing Address (If different than business address)**

\_\_\_\_\_

Attention: \_\_\_\_\_

**IV. General Information**

A) Is this license for: New Permit \_\_\_\_\_; Renewal \_\_\_\_\_; (year permit first granted \_\_\_\_\_)

B) When will you/did you start the solid waste collection business in Pinetop Lakeside?

\_\_\_\_\_

C) Do you collect solid waste in other locations? \_\_\_\_\_

If so, where? \_\_\_\_\_

D) Estimate the number of employees you will have working in Navajo County this year:

\_\_\_\_\_

E) Do you/Have you had other licenses from the Town of Pinetop Lakeside? \_\_\_\_\_

If yes, when? \_\_\_\_\_ For what business? \_\_\_\_\_

I declare under penalty of perjury that the statements made herein are true and correct to the best of my knowledge and belief.

SIGNED:

\_\_\_\_\_  
President Date

\_\_\_\_\_  
Secretary Date

----- Official Use Only -----

Approved By: \_\_\_\_\_ DATE: \_\_\_\_\_

Title: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Permit No: \_\_\_\_\_