



*A Community of Excellence*

## Commercial Solid Waste Hauler Application

**Development Services  
Department**  
90 E. Civic Center Dr.  
Gilbert, AZ 85296  
(480) 503-6700-Phone  
(480) 497-4923-Fax  
[www.gilbertaz.gov](http://www.gilbertaz.gov)

Request is hereby made for a license to collect commercial solid waste within the Town of Gilbert under the provisions of the Town of Gilbert Code No. 66-321, *et seq.*

### A. General

Name of person completing application \_\_\_\_\_

Phone Number \_\_\_\_\_

Local Business Address \_\_\_\_\_

Permanent Business Address if different from above: \_\_\_\_\_

1. Name of corporate business/organization or person(s) being represented: \_\_\_\_\_

2. Set forth detailed statement of the organization or business entity of applicant: \_\_\_\_\_

3. Name(s), title(s), years with company, business address and phone numbers of all owners, officers, directors and/or partners. (Use space provided or a separate sheet of paper)

<u>Name</u>	<u>Title</u>	<u>Years</u>	<u>Address</u>	<u>Phone #</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. Names and business addresses of all persons and entities having controlling interests or being entitled to have or control five percent (5 %) or more of the ownership of business/organization of applicant and representative ownership share of each such person or entity. (Use space provided or a separate sheet of paper)

<u>Name</u>	<u>Address</u>	<u>Percent</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. The names and addresses of any parent or subsidiary of the applicant and of any other business entity owning or controlling in whole or in part the business/organization and a statement describing the nature of any such parent or subsidiary business entity and the areas served within the State of Arizona: (Use space provided or a separate sheet of paper)

<u>Name</u>	<u>Address</u>	<u>Statement</u>

6. Provide a detailed description of all previous experience in providing solid waste collection service or related similar services:

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7. Have there been any violations of a solid waste hauling license made by your company or its successor in interest within the last three years?

- Yes                       No

**B. Insurance**

1. Attach a copy of a current certificate of insurance for a minimum of \$1,000,000.00 general liability with the Town of Gilbert as ADDITIONAL INSURED.

**C. Other Information**

Number of vehicles permitted: \_\_\_\_\_

**The following information must be current and is required for each vehicle that is to operate within the Town of Gilbert.** (Please use space provided or a separate sheet of paper if necessary)

<u>AZ Plate No.</u>	<u>Year/Make</u>	Vehicle ID No. & Maricopa County Garage " <u>Permit to Operate No.</u> "

**\*\*\*Attach a copy of vehicle certificate of inspection for each vehicle\*\*\***

Set forth any information which may be helpful in determining your qualifications for this license:

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Signature	Printed Name	Title	Date
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<u>License Type</u>	<u>License Fee</u>	<u>Renewal</u>	<u>Term</u>	<u>Expires</u>
Commercial Waste Hauler	\$3,000.00	\$3,000.00	Year	12 months from issue