SOLID WASTE APPLICATION

☐ New ☐ Renewal ☐ Walk-in ☐ Mail

Name of Business ____ Phone No. _________________

Trade Name (if applicable): _________________________________

Mailing Address: ____

Address (if PO Box is used): ____

Owner(s): (1) ______________________ (2) _______________________ (3) ____________________

If you haul or remove debris, for hire, from yards, garages, basements, etc. and you want your name listed with your community association, check ☐ Yes ☐ No (List to be published once a year)

Permit Fee:

☐ $35.00 - 1 vehicle – GVW 7,000 lbs or less

☐ $100.00 – 1 vehicle, GVW over 7,000 lbs.

☐ $ _____ – No. of vehicles __ X $100.00 – 2 or more vehicles, any size = $100.00/vehicle

☐ $ _____ – No. of dumpsters (2 cubic yards or more) situated in Baltimore City ___X $20.00

List of each vehicle & related information:

Make of Vehicle	Body Style	Year	Gross Vehicle Weight	Tag. No.	State

Copy of vehicle registration(s) must accompany application.

Applicant's Signature: ____

Do not write below this line – to be completed by Health Department

Approved by: ____________________________ Date: ______________

Baltimore City Health Department, Bureau of Ecology, 1001 E. Fayette Street, Baltimore, Maryland 21202
410-396-4428