



City of Annapolis
Department of Public Works
 145 Gorman Street Fl 3
 Annapolis, MD 21401-2529

FOR CITY USE ONLY	
PERMIT #	_____
ISSUED	_____
EXPIRES	_____

PWPermits@annapolis.gov • 410-260-2200 • Fax 410-263-9158 • TDD use MD Relay or 711 • www.annapolis.gov

Waste Hauler Permit Application
 Per City Code [Chapter 10.16.225](#)

Instructions

Complete the application. Attach a copy of your Anne Arundel County Liquid Waste Hauler License for each truck in service. Submit this application with payment of the \$25.00 fee (checks should be made out to the *City of Annapolis*) to the Pretreatment Program at the address above. Incomplete applications will not be processed until all requirements have been met.

Waste Hauler General Information

Company name _____

Mailing address _____

Facility address _____

Facility Representative name _____

Phone _____ FAX _____ E-mail address _____

Wastes Hauled

- Disposal location(s) _____
- Sources of Wastes hauled. Check all that are applicable by indicating the approximate percentage of each that are handled.

Gas Stations/Garages _____%	Industrial _____%
Residential _____%	Restaurants _____%
Other, specify _____	_____%
- Typical volumes hauled in gallons per year:

Septage Waste _____
Oil & Grease _____
- Do you provide maintenance on Grease Recovery Units? Yes No

If yes, what type of maintenance do you provide? Repair equipment Clean/pump unit
- Are you recognized as a service technician for repairing GRUs by the GRU manufacturer? Yes No

If yes, include contact information:

Manufacturer _____

Contact name _____

Phone _____

Explain procedure for cleaning/pumping the Grease Interceptor Unit. Include equipment used.

Permit Information

- 1. Has the owner, manager(s), driver(s) completed the Annual Waste Hauler Seminar through the City of Annapolis?
Yes No
- 2. Do you have a current/valid Anne Arundel County Scavengers License? Yes No
If yes a copy of this license must be attached to the application. The license must indicate Permit No. and Expiration Date for each vehicle you intend to license in the City of Annapolis.
- 3. Is Attachment A, Description of Equipment, attached? Yes No
- 4. Is Attachment B, List of your clients within City limits, attached? Yes No

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and attachments and that, based on my inquiry of those individuals responsible for obtaining the information herein, I believe that the submitted information is true, accurate, and complete.

Owner or Owner's Authorized Representative

Print name _____ Title _____

Signature _____ Date _____

Phone number _____

Attachment A – Equipment

1. Description of vehicle _____
Make _____ Model/Year _____
VIN _____ State _____ Tag _____
Type of equipment _____
Hose connection type _____ Hose connection size _____
Vehicle permit number _____ Vehicle capacity (gallons) _____
(Issued by Anne Arundel County Department of Inspections and Permits)

2. Description of vehicle _____
Make _____ Model/Year _____
VIN _____ State _____ Tag _____
Type of equipment _____
Hose connection type _____ Hose connection size _____
Vehicle permit number _____ Vehicle capacity (gallons) _____
(Issued by Anne Arundel County Department of Inspections and Permits)

3. Description of vehicle _____
Make _____ Model/Year _____
VIN _____ State _____ Tag _____
Type of equipment _____
Hose connection type _____ Hose connection size _____
Vehicle permit number _____ Vehicle capacity (gallons) _____
(Issued by Anne Arundel County Department of Inspections and Permits)

4. Description of vehicle _____
Make _____ Model/Year _____
VIN _____ State _____ Tag _____
Type of equipment _____
Hose connection type _____ Hose connection size _____
Vehicle permit number _____ Vehicle capacity (gallons) _____
(Issued by Anne Arundel County Department of Inspections and Permits)

5. Description of vehicle _____
Make _____ Model/Year _____
VIN _____ State _____ Tag _____
Type of equipment _____
Hose connection type _____ Hose connection size _____
Vehicle permit number _____ Vehicle capacity (gallons) _____
(Issued by Anne Arundel County Department of Inspections and Permits)

Attachment B – Clients
Within the City of Annapolis Limits

1. Client's company name _____
Facility address _____
Types of wastes hauled _____
Frequency of waste hauling (e.g twice per year) _____
Peak volumes generated and time of year _____
2. Client's company name _____
Facility address _____
Types of wastes hauled _____
Frequency of waste hauling (e.g twice per year) _____
Peak volumes generated and time of year _____
3. Client's company name _____
Facility address _____
Types of wastes hauled _____
Frequency of waste hauling (e.g twice per year) _____
Peak volumes generated and time of year _____
4. Client's company name _____
Facility address _____
Types of wastes hauled _____
Frequency of waste hauling (e.g twice per year) _____
Peak volumes generated and time of year _____
5. Client's company name _____
Facility address _____
Types of wastes hauled _____
Frequency of waste hauling (e.g twice per year) _____
Peak volumes generated and time of year _____
6. Client's company name _____
Facility address _____
Types of wastes hauled _____
Frequency of waste hauling (e.g twice per year) _____
Peak volumes generated and time of year _____
7. Client's company name _____
Facility address _____
Types of wastes hauled _____
Frequency of waste hauling (e.g twice per year) _____
Peak volumes generated and time of year _____