



**CITY OF SANTA BARBARA
UNSCHEDULED SOLID WASTE COLLECTION PERMIT APPLICATION**

All sections of the Application must be answered completely. If additional space is needed to complete any section, please attach additional pages. Unless exempted pursuant to Section 7.18.020 B of Chapter 17.18 of the City of Santa Barbara Municipal Code, all providers of unscheduled residential and commercial solid waste handling services in the City of Santa Barbara must obtain a permit issued by the Public Works Department to provide such services. All permit holders are subject to the terms and conditions of Chapter 17.18 and the Rules and Regulations. Permit is valid for 5 years.

Please return the completed Application via mail, fax, or email to:

UCPO Program
Environmental Services Division Phone (805) 564-5631
1221 Anacapa Street, 2nd Floor Fax (805) 564-5688
Santa Barbara, CA 93101 DDrowell@SantaBarbaraCA.gov

Business Information

Business Name

Business Address

Street Address *City* *ZIP Code*

Mailing Address

Street Address *City* *ZIP Code*

Phone: () Alternate Phone: ()

E-mail Address:

Check applicable designation of solid waste enterprise:

Individual Corporation Joint Venture/Partnership/Limited Liability Partnership

If a Corporation, please list the names and permanent addresses of all of the Directors and Officers and the name and permanent address of the local manager of the solid waste enterprise. If a Joint Venture/Partnership/Limited Partnership, please list the names and permanent addresses of all the joint venturers or general partners and their respective percentage of participation.

Name	Position	Percentage
Address	<i>Street Address</i>	<i>City</i> <i>ZIP Code</i>

Name	Position	Percentage
Address	<i>Street Address</i>	<i>City</i> <i>ZIP Code</i>

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Name	Position	Percentage
Address	<i>Street Address</i>	<i>City</i> <i>ZIP Code</i>

Check all that apply to your business provide hauling services subcontract some or all hauling

Do you provide debris boxes/ rolloff container rentals No Yes

Applicant Signature

Name of Applicant
(person signing application on behalf of the business) Title

Home Address *Street Address* *City* *ZIP Code*

Business Address *Street Address* *City* *ZIP Code*

By signing the Application below, Applicant agrees that:

- a) He or she has read, and is familiar with both the provisions of Chapter 17.18 of the City of Santa Barbara Municipal Code and the duly adopted Rules and Regulations governing Chapter 17.18;
- b) Chapter 17.18 and the Rules and Regulations may periodically be amended by the City Council and that the business is responsible for adhering to the requirements of Chapter 17.18 and the Rules and Regulations as they may be amended from time to time;
- c) It is the responsibility of the unscheduled collection business to obtain a copy of Chapter 17.18 and the Rules and Regulations and the failure to request, receive or otherwise obtain a copy of Chapter 17.18 and the Rules and Regulations shall not relieve the business of the duty to adhere to the requirements of Chapter 17.18 and the Rules and Regulations.

I declare under penalty of perjury that the information supplied in this application is true and correct. Executed on this day of _____, _____ at _____, California.

Signature of Applicant