License Application for Solid Waste and Infectious Waste Facilities
For new and renewal licenses and license transfers.

General Information
- The facility operator (person or organization) has oversight and control of facility operations.
- The site manager is the person directly responsible for the day-to-day site operations.
- The site manager is the person that will be contacted by the licensing authority in case of emergencies.
- The valid operator types are: Corporation, Government, LLC, Individual, Partnership and Sole Proprietorship.
- There are three types of applications for most facilities: New, Renewal or Transfer.

General Instructions
- Please complete all required fields in the application, otherwise the application review cannot be completed and the application will not be accepted.
- The applicant for a facility license must be either the facility owner or operator and may be either a person or an organization.
- Complete the Facility Information section with the details that represent the most recent license application submitted to the Ohio EPA for the facility.
- If applying for a license transfer, a copy of the transfer agreement must be provided with the application.
- Information for both facility operator and site manager must be supplied or the application will not be accepted.
- If the property owner is a corporation, list all persons or organizations that own more than 10% of the shares of the corporation.
- Enter the Authorized Maximum Daily Waste Receipt (AMDWR) limit and attach the official documents that established the limit, as applicable.
- Enter the Disposal Fee Contact Information, as applicable. The facility type chosen for a license application is covered under one or more waste disposal fee requirements of the Ohio Revised Code. Provide information where to direct disposal fee related correspondences.
# Annual Operating License Application for Solid Waste and Infectious Waste Facility

## Application Type

*Initial applications must be submitted at least 90 days prior to the anticipated date for accepting waste at the facility. Renewal applications must be submitted by September 30th of each year.*

<table>
<thead>
<tr>
<th>Check One:</th>
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<tbody>
<tr>
<td>Initial</td>
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<tr>
<td>Renewal</td>
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<tr>
<td>Transfer of License</td>
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Anticipated Date for Accepting Waste: ___ ___ / ___ ___ / ___ ___ ___ ___

## Facility Type

*Check only one facility type. If you have multiple facilities at one physical location, a separate license must be applied for each facility type.*

### Solid Waste

- [ ] Industrial Solid Waste Landfill
- [ ] Municipal Solid Waste Landfill
- [ ] Residual Solid Waste Landfill Class 1
- [ ] Residual Solid Waste Landfill Class 2
- [ ] Residual Solid Waste Landfill Class 3
- [ ] Residual Solid Waste Landfill Class 4
- [ ] Solid Waste Incinerator
- [ ] Solid Waste Transfer
- [ ] Solid/Infectious Waste Incinerator

### Infectious Waste

- [ ] Infectious Waste Autoclave
- [ ] Infectious Waste Incinerator
- [ ] Alternative Infectious Waste Treatment Technology

### Scrap Tire

- [ ] Collection
- [ ] Monofill
- [ ] Monocell
- [ ] Recovery Mobile
- [ ] Recovery Class 1
- [ ] Recovery Class 2
- [ ] Storage Class 1
- [ ] Storage Class 2

### Composting

- [ ] Class 1
- [ ] Class 2

## Applicant Information

*This must be the Property Owner or Facility Operator*

<table>
<thead>
<tr>
<th>Applicant Type:</th>
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<tbody>
<tr>
<td>Property Owner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility Operator</td>
<td></td>
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<tr>
<td>Both Property Owner/Facility Operator</td>
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</tbody>
</table>

Name: ____________________________ Phone Number: ____________________________

Mailing Address: ____________________________

City: ____________________________ State/Province: ____________________________ Zip: ____________________________

Email: ____________________________
## Facility Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>Phone Number:</th>
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<tbody>
<tr>
<td>Physical Address:</td>
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</tr>
<tr>
<td>City:</td>
<td>Zip:</td>
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<tr>
<td>Latitude:</td>
<td>Longitude:</td>
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</table>

Local Health Department: 

Note: If you do not know your local health department you can look it up on line at [www.odh.ohio.gov](http://www.odh.ohio.gov) and then select **Local Health Dept.** Alternately, you may also call the Ohio Department of Health at 614-466-3543.

## Operator Information

*If different from the property owner*

- **Operator Type:**
  - ☐ Corporation
  - ☐ Government
  - ☐ LLC
  - ☐ Individual
  - ☐ Partnership
  - ☐ Sole Proprietorship

<table>
<thead>
<tr>
<th>Name:</th>
<th>Phone Number:</th>
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<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State/Province:</td>
</tr>
<tr>
<td>Email:</td>
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</tbody>
</table>

## Site Manager Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>Phone Number:</th>
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<tbody>
<tr>
<td>(Day-to-Day Operations and Emergency Contact)</td>
<td></td>
</tr>
<tr>
<td>Email:</td>
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## Property Owner Information

*If the property owner is a corporation, list all persons or organizations that own more than 10 percent of the shares of the corporation.*

- **Owner Type:**
  - ☐ Corporation
  - ☐ Government
  - ☐ LLC
  - ☐ Individual
  - ☐ Partnership
  - ☐ Sole Proprietorship

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<td>City:</td>
<td>State/Province:</td>
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<tr>
<td>Email:</td>
<td></td>
</tr>
<tr>
<td>Parcel Number(s):</td>
<td></td>
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<tr>
<td>Percent Ownership:</td>
<td>%</td>
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</table>

All property owners must be included on this application and total 100%. Please make additional entries on a separate sheet of paper for each property owner where the facility is located.
**Fee Information**

The following information is needed to determine the annual licensing fee for the Solid Waste & Infectious Waste facilities. A **non-refundable** application fee of $100 is required for all applications. The remaining balance for the annual licensing fee will be invoiced upon the issuance of the annual operating license. If you do not know the following information pertaining to the type of facility being licensed, it can be located in your facility registration, permit-to-install or any subsequent action of the Director of the Ohio EPA. If you have any questions, please contact the Ohio EPA – DMWM at 614-644-2621.

**Disposal Fee Contact Information**

(Applicable for Solid Waste Landfills and Solid Waste Transfer Facilities. Not applicable to landfills which exclusively dispose of their own wastes.)

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<tr>
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**Authorized Maximum Daily Waste Receipt**

(Applicable for Municipal and Industrial Solid Waste Landfills, Residual Solid Waste Landfills, Composting Facilities and Scrap Tire Monofills and Monocells)

Authorized Maximum Daily Waste Receipt (in tons): ________________

**Daily Designed Input Capacity**

(Only Applicable for Scrap Tire Recovery Class I/Class II and Mobile Recovery Facilities)

Daily Design Input Capacity (in tons): ________________

**Approved Scrap Tire Storage Area**

(Maximum storage area for a Class I is 3.0 acres. Class II is limited to 10,000 ft², which is equivalent to 0.23 acres.)

Storage Acreage: ________________

**Captive Landfill and Coal Combustion Waste Declaration**

(Only Applicable for Industrial Solid Waste and Residual Solid Waste Classes I – IV Landfill Facilities)

Will this landfill exclusively dispose of wastes generated at one or more premises owned by the same entity which owns this landfill? □ Yes □ No

Will this landfill exclusively dispose of wastes generated from coal combustion, or primarily from combustion of coal combined with scrap tires? □ Yes □ No
# Financial Assurance

All licensed facilities shall submit to Ohio EPA – Division of Materials and Waste Management (DMWM) executed and funded financial assurance document(s). The license cannot be issued unless the financial assurance has been established and maintained for closure and post-closure care, and documentation of the financial assurance has been submitted in accordance with OAC Chapter 3745.

For renewal licenses, ensure financial assurance is maintained and on file with Ohio EPA – DMWM. Proof that financial assurance is maintained may be shown by submitting a receipt from the financial institution(s) providing the financial assurance with your renewal application.

The financial assurance instrument(s) must be in the name of the business as stated above on this application.

# Certification

The owner or operator signing a document in accordance with this rule shall be one of the following:

1. In the case of a corporation, a principal executive officer of at least the level of vice president or a duly authorized representative, if such representative is responsible for the overall operation of the facility.
2. In the case of a partnership, a general partner.
3. In the case of a limited liability company, a manager, member, or other duly authorized representative of the limited liability company, if such representative is responsible for the overall operation of the facility.
4. In the case of sole proprietorship, the owner.
5. In the case of a municipal, state, federal, or other government facility, the principal executive officer, the ranking elected official or other duly authorized employee.

The signature on a license application shall constitute personal affirmation that all statements or assertions of fact made in the application are true and complete, comply fully with applicable state requirements, and shall subject the signatory to liability under applicable state laws concerning the submittal of false or misleading statements.

The signature shall constitute an agreement that the undersigned shall assume responsibility for compliance with Chapter 3734 of the Revised Code and Chapters 3745-27 and 3745-37 of the Administrative Code.

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature of Applicant</th>
<th>Date</th>
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Printed Name

☐ Fee Enclosed ($100 non-refundable)

*Note: Fee is not applicable to a scrap tire collection or storage facility owned or operated by a motor vehicle salvage dealer licensed under Chapter 3748 of the Ohio Revised Code*

# Submission Instructions

A non-refundable application fee for all applications of $100 is required. The location of the facility will determine where the payment and completed application is mailed. If the facility is in an:

- **Approved Health District**, mail payment and completed application to the appropriate health department. If you do not know whether your facility is located in an Approved or Unapproved Health District, please reference the following link: [http://epa.ohio.gov/portals/34/document/facility_lists/approved_list_of_hds.pdf](http://epa.ohio.gov/portals/34/document/facility_lists/approved_list_of_hds.pdf)
- **Unapproved Health District**, please make payment payable to Treasurer – State of Ohio and send completed application and fee to the Ohio EPA - DMWM, P.O. Box 1049, Columbus, Ohio 43216-1049.