



August 2020

License Application for All Solid Waste and Infectious Waste Treatment Facilities

For new and renewal licenses as well as license transfers.

To complete this application online, please visit
<http://ebiz.epa.ohio.gov>

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 Treatment Facilities

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.*

Check One: Initial Anticipated Date for Accepting Waste: ____ / ____ / _____

Renewal Transfer of License

Facility Type
Check only one facility type. If you have multiple facilities at one physical location, a separate application must be submitted for each facility type.

Solid Waste

<input type="checkbox"/> Industrial Solid Waste Landfill	<input type="checkbox"/> Municipal Solid Waste Landfill	<input type="checkbox"/> Residual Solid Waste Landfill Class 1
<input type="checkbox"/> Residual Solid Waste Landfill Class 2	<input type="checkbox"/> Residual Solid Waste Landfill Class 3	<input type="checkbox"/> Residual Solid Waste Landfill Class 4
<input type="checkbox"/> Solid Waste Incinerator	<input type="checkbox"/> Solid Waste Transfer	<input type="checkbox"/> Solid/Infectious Waste Incinerator

Infectious Waste

<input type="checkbox"/> Infectious Waste Autoclave	<input type="checkbox"/> Infectious Waste Incinerator	<input type="checkbox"/> Alternative Infectious Waste Treatment Technology
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Scrap Tire

<input type="checkbox"/> Collection	<input type="checkbox"/> Monofill	<input type="checkbox"/> Monocell	<input type="checkbox"/> Recovery Mobile
<input type="checkbox"/> Recovery Class 1	<input type="checkbox"/> Recovery Class 2	<input type="checkbox"/> Storage Class 1	<input type="checkbox"/> Storage Class 2

Composting

<input type="checkbox"/> Class 1	<input type="checkbox"/> Class 2
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Applicant Information
This must be the Property Owner or Facility Operator

Applicant Type: Property Owner Facility Operator Both Property Owner/Facility Operator

Name: _____ Phone Number: _____

Mailing Address: _____

City: _____ State/Province: _____ Zip: _____

Email: _____



Facility Information

Name: _____ Phone Number: _____

Physical Address: _____

City: _____ Zip: _____ County: _____

Latitude: ____ • _____ Longitude: ____ • _____

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 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

Name: _____ Phone Number: _____
(Person or organization who has Facility oversight and control)

Address: _____

City: _____ State/Province: _____ Zip: _____

Email: _____

Site Manager Information

Name: _____ Phone Number: _____
(Day-to-Day Operations and Emergency Contact)

Email: _____

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

Name: _____ Phone Number: _____

Address: _____

City: _____ State/Province: _____ Zip: _____

Email: _____

Parcel Number(s): _____

Percent Ownership: _____ %

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 Treatment 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 found 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.)

Name: _____ Phone Number: _____
 Address: _____
 City: _____ State/Province: _____ Zip: _____
 Email: _____

Authorized Maximum Daily Waste Receipt

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

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 solid waste 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.

Title	Signature of Applicant	Date
Printed Name		
<input type="checkbox"/> Fee Enclosed (\$100 non-refundable)		
<p>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</p>		

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
- **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.