



Registration for Commercial Recycling and Recovered Materials Application



Before beginning this Application, if you are a dealer registered as a certified person under Florida Administration Code ch. 62-722 and section 403.7043, Florida Statutes, regulation of recovered materials, you shall be deemed to be registered by the County as a dealer. Please submit your certification to the County as proof of your certification for registration purposes. If you provide proof to the County of your certification, you are not required to complete this form.

OWNER/OPERATOR CORPORATION

Full Corporate Name

Federal ID

Permanent place of business: (Street, City, State, Zip)

Phone

Local Office Address: (Street, City, State, Zip)

Phone

Corporate Officers: (Names)

President

Vice-President

Secretary

Treasurer

Office Manager

OWNER/OPERATOR PARTNERSHIP

Partnership Name

Federal ID

Business Address: (Street, City, State, Zip)

Phone

Name and Address of Partners (both General and/or Limited)

Phone



OWNER/OPERATOR INDIVIDUAL OWNER

Name of Owner

Address: (Street, City, State, Zip)

Phone

CONTACT INFORMATION

Primary Contact Person and Title for All Correspondence for Franchise

Phone

E-mail Address

Mobile Phone

RECYCLING FACILITY LOCATION

Site Address for Recyclables Consolidation / Processing Facilities Owned in Okaloosa County

Material Types Collected / Processed (e.g., OCC, Metals, Plastics, etc.)

Types of Processing Performed (e.g., sorting, baling, etc.)

CERTIFICATIONS (PLEASE INITIAL AFTER EACH)

If the recycling is processed within the State, Applicant certifies that to the best of his/her knowledge the Recyclables will be recycled by way of a State-approved recycling process. _____

Applicant hereby acknowledges that if any of the information provided herein changes he/she shall within 15 days of the change send updated information to the County. _____



I _____ hereby certify that I have the authorization on behalf of _____ (insert business name) to submit this application. I further certify that if approved, _____ (insert business name), shall adhere to all requirements of Chapter 11, Article VI, Division 4 of the Okaloosa County Code of Ordinances, including reports to the County in a timely manner. I acknowledge that I have been provided a copy of Division 4.

Signature

SUBMISSION

The application packet may be submitted electronically via e-mail to swregistration@co.okaloosa.fl.us. **An application fee of \$25 is required for each application.** Checks or Money Orders to be payable to "Board of County Commissioners." Please request a read receipt for applications submitted electronically. Or the application packet (including application fee and additional materials may be mailed to:

For Office Use Only:

- Application
- Business License
- Application Fee

Okaloosa Public Works Department
Attn: Commercial Recycling Application
1759 South Ferdon Boulevard
Crestview, FL 32536