



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
ENVIRONMENTAL HEALTH SERVICES DIVISION

2156 Sierra Way STE. B, San Luis Obispo, CA 93401
PO Box 1489, San Luis Obispo, CA 93406
Phone: (805) 781-5544 Fax: (805) 781-4211
Email: ehs@co.slo.ca.us

ANNUAL STATEMENT OF OWNERSHIP - SOLID WASTE PERMITTEE

Please fill out all applicable sections completely and attach additional sheets as needed. Return this form along with copies of current insurance and bond certificates by May 1 annually to the address above, attention: Lucas Willis

BUSINESS NAME (DBA) \_\_\_\_\_

BUSINESS SITE ADDRESS \_\_\_\_\_

LEGAL OWNER SELECT ONE: [ ] SOLE PROPRIETORSHIP [ ] PARTNERSHIP INCORPORATED [ ] CORPORATION [ ] OTHER (SPECIFY)

BUSINESS TELEPHONE NUMBER \_\_\_\_\_

OWNER/BUSINESS EMAIL ADDRESS \_\_\_\_\_

BUSINESS MAILING ADDRESS \_\_\_\_\_

TYPE OF SERVICES PROVIDED (CHECK ALL THAT APPLY)

- [ ] SOLID WASTE COLLECTION [ ] CURBSIDE RECYCLING [ ] ROLL-OFF SERVICE

1. PROVIDE THE FOLLOWING FOR ALL OWNERS/OFFICERS

NAME \_\_\_\_\_ PERMANENT ADDRESS \_\_\_\_\_

TITLE/OFFICE \_\_\_\_\_

PERCENT OWNER (IF APPLICABLE) \_\_\_\_\_

NAME \_\_\_\_\_ PERMANENT ADDRESS \_\_\_\_\_

TITLE/OFFICE \_\_\_\_\_

PERCENT OWNER (IF APPLICABLE) \_\_\_\_\_

NAME \_\_\_\_\_ PERMANENT ADDRESS \_\_\_\_\_

TITLE/OFFICE \_\_\_\_\_

PERCENT OWNER (IF APPLICABLE) \_\_\_\_\_

2. List below or attach a list of all collection vehicles/ equipment to be used in the collection and/ or transportation of solid waste and or recyclables:

Table with 6 columns: VEHICLE TYPE OR DESCRIPTION, MAKE/MODEL, YEAR, CAPACITY, LICENSE #, COMPANY ID. Contains 4 empty rows for data entry.

3. **List below or attach a list** of all **collection vehicles/ equipment** to be used in the collection and/ or transportation of solid waste and or recyclables:

SOLID WASTE SERVICE PROVIDERS: LIST NUMBER OF CONTAINERS AND CAPACITY*	NUMBER	CAPACITY (VOLUME)

ROLL-OFF SERVICE PROVIDERS: LIST NUMBER OF BOXES AND CAPACITY*	NUMBER	CAPACITY (VOLUME)

**INSURANCE AND BOND INFORMATION**

4. INSURANCE CARRIER(S) \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

AMOUNT \_\_\_\_\_

5. PERFORMANCE BOND (CHECK ONE):

CASH BOND AMOUNT \_\_\_\_\_

SURETY BOND AMOUNT \_\_\_\_\_

NAME OF SURETY COMPANY \_\_\_\_\_

6. I agree to the San Luis Obispo indemnification clause as it appears in my permit \_\_\_\_\_  
Initial

**I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE STATEMENTS MADE IN AND ATTACHED TO THIS STATEMENT OF OWNERSHIP ARE TRUE AND CORRECT.**

NAME OF APPLICANT (PRINT) \_\_\_\_\_ TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_