



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
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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 1st, 2017 to the address above, attention: Chelsea Broucaret

BUSINESS NAME (DBA) _____

BUSINESS SITE ADDRESS _____

LEGAL OWNER NAME _____

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 County of San Luis Obispo indemnification clause as it appears in my permit _____
Initials

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 _____