# MARYLAND DEPARTMENT OF THE ENVIRONMENT

Land and Materials Administration • Resource Management Program 1800 Washington Boulevard • Suite 610 • Baltimore, Maryland 21230-1719 410-537-3314 • 800-633-6101 x3314 • 410-537-3321 (Fax) • www.mde.maryland.gov

or office use only	For office us	se only	
General Scrap Tir	re Collection Facilit	y License Ap	plication
Authority: Title 9, Environment Article, An	notated Code of Maryland, and C	Code of Maryland Reg	ulations (COMAR) 26.04.08
<i>"General scrap tire collection facility"</i> means a sany on	scrap tire collection facility where time as defined in COMAR 26.	-	p tires are accumulated on a site at
ection I. – Proposed Licensee/Owner/Op	erator Information		
Application for: <ul> <li>New License</li> <li>Renew</li> </ul>	val License		
Proposed Licensee's Status: 🗖 Individual 🗖	Corporation	□ Other:	
Renewal Information (if applicable):         Existing Collection License No.:         Existing Hauler License No.:			ate://
Proposed Licensee's Legal Name (Corporation, individual	l or government entity as it will appear of	on the license certificate as	s the licensee.)

Proposed Licensee's Telephone No.	Facsimile No.		
Proposed Licensee's Email Address			
Emergency Contact Name	Title	Telephone No.	
Section II. Business/Individual Ro	egistration Identification Inform	nation	

Note that a business/entity must be registered to do business in Maryland before a license can be issued. The business or entity's information provided in this application must match the information in the S DAT register and the account must be in good standing.

## **Corporation or Government Applicant:**

Federal Tax Identification No.:

Maryland State Department of Assessments and Taxation (SDAT) Department ID No.:\_

This is different from the Sales and Use Tax No. The SDAT Department ID No. should start with a capital letter followed by numbers.

Or

## Sole Proprietorship or Individual Applicant:

Social Security No.:

State of Maryland Sole Proprietorship ID No.:\_\_\_

## Section III. Workers' Compensation Information

Proof of workers' compensation coverage is required under 1-202 of the Environment Article. Please provide <u>one</u> of the following:

(1) Workers' Compensation Insurance Policy/Binder No.:

Or

(2) If you are exempt from Worker's Compensation requirements, a copy of a Certificate of Compliance issued by the Maryland Workers' compensation Commission.

Section IV. Facility Information (location where scrap tires will be collected)	
Facility/Site Name	
Facility/Site Address     City     State	Zip Code
□ Baltimore City □ County:	
Section V. Operational Information	
1. Briefly describe the manner in which scrap tires are being accumulated at your facility:	
2. Provide the following information about the scrap tire hauler who will remove scrap tires from this facility	ty. If you haul your own scrap
tires, please provide your information.	
Scrap Tire Hauler Name Scrap Tire Hauler License No. Expiration	n Date
3. Provide the following information about the scrap tire facility where your scrap tires will be delivered.	
Scrap Tire Facility Name Scrap Tire Facility License No. Expiration	on Date
Section VI. Property Owner Information	
Property Owner's Name Property	Owner's Telephone No.
Property Owner's Address City State	Zip Code
Section VII. Zoning / Land Use Certification	
In accordance with COMAR 26.04.08.04B(1)(b), I certify that the proposed facility meets all applicable C	ounty zoning and land use
requirements: $\Box$ Yes $\Box$ No	
Section VIII. Signature	
By signing this form, I the applicant or duly authorized representative, do solemnly affirm under the p contents of this application are true to the best of my knowledge, information and belief. I hereby aut	
the Department to have access to the site of the proposed facility for inspection and to records relating	to this application at any
reasonable time. I acknowledge that depending on the type of facility applied for, other permits or ap	provals may be required.
	D.(
Applicant's Name (Print)       Title       Signature of Applicant         Privacy Act Notice:       This Notice is provided pursuant to the Federal Privacy Act of 1974, 5 U.S.C. §552.a.       Disclosure of your Social Security	Date
Number on this application is mandatory pursuant to the provisions of §1-203 (2003), Environment Article, <u>Annotated Code of Maryland</u> , wh Environment to verify that an applicant for a license has paid all undisputed taxes and unemployment insurance. The Department is also n	ich requires the Maryland Department of the
<u>Annotated Code of Maryland</u> , to require each applicant for a license to disclose the Social Security Number of the applicant and record the application. Pursuant to § 10-119(a)(2), the definition of "license" means any license, certificate, registration, permit, or other authorization that	e applicant's Social Security Number on the
subject to suspension, revocation, forfeiture, or termination by a licensing authority; and (iii) is necessary for an individual to practice or en profession. Social Security or Federal Employer Identification Numbers will not be used for any purposes other than those described in this Notice	gage in a particular business, occupation, or
This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. The personal information requested on this for	
application. Failure to provide the information requested may result in your application not being processed. You have the right to inspect, amend, public agency and subject to the Maryland Public Information Act (PIA) (Md. Code Ann., Gen. Prov. ("GP") § 4-101, et seq.). This form may be	or correct this form. The Department is a made available on the Internet via the
Department's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected b	y federal or State law.

MAIL COMPLETED APPLICATION TO:	

 MARYLAND DEPARTMENT OF THE ENVIRONMENT RESOURCE MANAGEMENT PROGRAM Scrap Tire License Application 1800 Washington Boulevard, Suite 610 Baltimore, Maryland 21230-1719
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 FAX COMPLETED APPLICATION TO:

# 410-537-3321