General Scrap Tire Collection Facility License Application

Authority: Title 9, Environment Article, Annotated Code of Maryland, and Code of Maryland Regulations (COMAR) 26.04.08

“General scrap tire collection facility” means a scrap tire collection facility where no more than 50 scrap tires are accumulated on a site at any one time as defined in COMAR 26.04.08.B(9)

Section I. – Proposed Licensee/Owner/Operator Information

Application for: □ New License □ Renewal License

Proposed Licensee’s Status: □ Individual □ Corporation □ Government □ Other: _______________________

Renewal Information (if applicable):
Existing Collection License No.: _____-RGC-______ Issued Date: _____ /_____ /______ Expiration Date: _____ /_____ /______
Existing Hauler License No.: _____-RTH-______ Issued Date: _____ /_____ /______ Expiration Date: _____ /_____ /______

Proposed Licensee’s Legal Name (Corporation, individual or government entity as it will appear on the license certificate as the licensee.)

Proposed Licensee’s Mailing Address

City State Zip Code

Proposed Licensee’s Telephone No. Facsimile No.

Proposed Licensee’s Email Address

Emergency Contact Name Title Telephone No.

Section II. Business/Individual Registration Identification Information

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 SDAT 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 one 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: __________________________

☐ Maryland ☐ County: __________________________

Section V. Operational Information

1. Briefly describe the manner in which scrap tires are being accumulated at your facility:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Section V. Operational Information

2. Provide the following information about the scrap tire hauler who will remove scrap tires from this facility. If you haul your own scrap tires, please provide your information.

Scrap Tire Hauler Name
Scrap Tire Hauler License No.
Expiration Date

Section V. Operational Information

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 Date

Section VI. Property Owner Information

Property Owner’s Name
Property Owner’s Telephone No.

Property Owner’s Address
City
State
Zip Code

Section VI. Property Owner Information

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 County zoning and land use requirements: ☐ Yes ☐ No

Section VIII. Signature

By signing this form, I the applicant or duly authorized representative, do solemnly affirm under the penalties of perjury that the contents of this application are true to the best of my knowledge, information and belief. I hereby authorize the representatives of 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 approvals may be required.

Applicant’s Name (Print)
Title
Signature of Applicant
Date

For questions regarding this application form, please contact the Department at 410.537.3314

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

FAX COMPLETED APPLICATION TO:

410-537-3321