

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Land and Materials Administration • Resource Management Program

1800 Washington Boulevard • Suite 610 • Baltimore, Maryland 21230-1719

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Secondary Scrap Tire Collection Facility License Application

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

“Secondary scrap tire collection facility” means a scrap tire collection facility where 51 – 1,500 scrap tires are accumulated on a site at any one time as defined in COMAR 26.04.08.02B(23)

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.: _____ -RSC-_____ 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: _____

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. If you haul your own scrap tires, please provide your information.

Scrap Tire Hauler Name	Scrap Tire Hauler License No.	Expiration Date
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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
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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 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
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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 Number or Federal Employer Identification Number on this application is mandatory pursuant to the provisions of §1-203 (2003), Environment Article, Annotated Code of Maryland, which requires the Maryland Department of the Environment to verify that an applicant for a license has paid all undisputed taxes and unemployment insurance. The Department is also mandated by §10-119.3, Family Law Article, Annotated Code of Maryland, to require each applicant for a license to disclose the Social Security Number of the applicant and record the applicant's Social Security Number on the application. Pursuant to § 10-119(a)(2), the definition of "license" means any license, certificate, registration, permit, or other authorization that: (i) is issued by a licensing authority; (ii) is subject to suspension, revocation, forfeiture, or termination by a licensing authority; and (iii) is necessary for an individual to practice or engage in a particular business, occupation, or profession. Social Security or Federal Employer Identification Numbers will not be used for any purposes other than those described in this Notice.

This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. The personal information requested on this form is intended to be used in processing your application. Failure to provide the information requested may result in your application not being processed. You have the right to inspect, amend, or correct this form. The Department is a 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 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 by federal or State law.

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

MAIL COMPLETED APPLICATION TO:

OR

FAX COMPLETED APPLICATION TO:

410-537-3321

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RESOURCE MANAGEMENT PROGRAM
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