

Manager on site:

Name

Phone Number

Address

Emergency After-hours Phone Number

Applicant Information: Please provide the following information, attach additional pages if necessary, and attach all specified documents.

List all owners of the facility. If the owners are themselves non-publically traded corporations or partnerships, list the natural persons who have an ownership interest:

If the applicant is a non-publically traded corporation or partnership, please list all owners/shareholders of the corporation.

In the past three years, has the applicant, or any owner or officer of the applicant, or any person having control of applicant or any of its operations, including any person(s) listed above, been cited for violations of any federal, state, or local laws, regulations, standards, or ordinances in the operation of any junk facility, recycling facility, or any other type of waste or recyclable materials handling facility or site, including, but not limited to, the operation of a junk, recycling, or waste handling facility without required permits? If yes, please explain.*

In the past 3 years, has the applicant, or any person in control of the applicant, had a recycling facility permit revoked? If yes, please explain the circumstances.

Has the applicant paid all fees required by the Municipal Code and any outstanding debts owed to the County? If not, please explain.

Accepted Materials: Check and/or list all the materials to be accepted at the facility:

- | | | |
|--|---|--|
| <input type="checkbox"/> Aluminum Cans | <input type="checkbox"/> Newsprint | <input type="checkbox"/> Polyethylene Terephthalate (PET) |
| <input type="checkbox"/> Aluminum Scrap | <input type="checkbox"/> Office Paper | <input type="checkbox"/> High Density Polyethylene (HDPE) |
| <input type="checkbox"/> Ferrous Metal Scrap | <input type="checkbox"/> Other Paper | <input type="checkbox"/> Low Density Polyethylene (LDPE) |
| <input type="checkbox"/> Non-Ferrous Metal Scrap | <input type="checkbox"/> Rubber | <input type="checkbox"/> Polystyrene |
| <input type="checkbox"/> Bi-metal or tin cans | <input type="checkbox"/> Textiles | <input type="checkbox"/> Polypropylene |
| <input type="checkbox"/> Glass containers | <input type="checkbox"/> Motor Vehicles** | <input type="checkbox"/> Batteries |
| <input type="checkbox"/> Corrugated Cardboard | <input type="checkbox"/> Vehicle Parts** | <input type="checkbox"/> Propane Tanks/Cylinder Tanks |
| <input type="checkbox"/> Other Metal Scrap: <i>(List all below*)</i> | | <input type="checkbox"/> Construction & Demolition Debris <i>(List all below*)</i> |

* Please itemize scrap metal and/or C&D debris, as applicable:

____ Other: *(please list all)*

** Please describe how vehicles and vehicle parts will be handled, processed, and disposed of:

Operations: Please answer the following questions. An answer must be provided for each question or the application will be deemed incomplete. The phrase “not applicable” or “N/A” is not a complete answer.

Days and Hours of Operation:

Total material handling capacity (tons/day): _____

Describe how incoming materials be screened and monitored:

From which sources will materials be accepted (*public, businesses, permitted scrappers, etc.*)?

How will materials be separated (by hand, mechanical) and stored?

How often will material be transported from the facility? (Indicate the average size of each out-going load, including weight and vehicle type.):

Are any additional methods used to process the materials (*including heat processes, bailing, shredding, crushing, etc.*)?

List all other equipment and/or machinery that will be used:

Describe methods, processes, equipment, etc. that will be used to control odor, noise and dust emissions:

Describe daily cleaning/housekeeping activities, including parking lots, staging areas and adjacent public ways:

Where and how will incidental solid waste be handled (*unloaded, processed, loaded out*)?

Please describe how you will screen for unauthorized materials including, but not limited to, municipal solid waste, hazardous materials and stolen goods. (*Include information pertaining to the schedule for removal of materials.*)

Where and how will liquid waste be handled?

Liquid Waste Handling Information: Please list the name of all companies with whom you contract to remove/handle liquid waste. *Required for all facilities accepting motor vehicles, materials likely to contain liquid waste or facility likely to generate liquid waste as part of operating activities.*

Name of Company/Person

Phone Number

Address

City State Zip Code

Name of Company/Person

Phone Number

Address

City State Zip Code

Recordkeeping: Please describe the facility's system for maintaining required records, including records of regulated and prohibited materials and records of regular customer accounts.

Site Plan: Legible drawings of the site must accompany the application form. All objects on the site plans must be named. The maximum site plan allowed is 11" x 17". Blueprints are not acceptable. Electronic copies of the plans can also be submitted. For all permits, the site plan must identify the following items:

- Location of all buildings and structures
- Location of all surrounding fences and screens. Indicate approximate height: _____
- Location where customers will unload their recyclable materials for purchase
- Location where facility vehicles will load recyclable materials for transport off site
- Location of all scales
- Location of recyclable material processing areas
- Location of recyclable material storage areas
- Traffic flow for customer vehicles
- Location of any other facility operation not already identified in this question
- Location of water sources for fire protection and dust control
- Location of covered material storage area
- Location of liquid waste storage area
- Location of surrounding streets and avenues
- Location of sewers
- Location of all paved surfaces and type of paving _____
- Location of required records

Certification

I certify that I have personally examined and am familiar with all the information submitted in response to the questions contained in this application and the attached document(s), and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that all information submitted is true, accurate and complete.

Name: _____

Title: _____

Company Name: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

E-mail address: _____

Signature: _____ Date: _____

Mail all forms, payment coupon and payment to:

COOK COUNTY DEPARTMENT OF REVENUE
118 N. CLARK STREET, ROOM 1160
CHICAGO, IL 60602

MAIL ALL PAYMENTS ALONG WITH THIS FORM TO:
 COOK COUNTY DEPARTMENT OF REVENUE
 118 N. CLARK STREET, ROOM 1160
 CHICAGO, IL 60602



COOK COUNTY
 ENVIRONMENTAL CONTROL
 (312) 603 - 8217

ENVIRONMENTAL CONTROL
SOLID WASTE AND RECYCLING

| | | | |
|-------------------|-------|-----------------|------|
| Facility Name: | | Contact Number: | |
| Facility Address: | City: | State | Zip: |

PLEASE SELECT ONE OF THE FOLLOWING BELOW:

| ALLOCATION CODE | DESCRIPTION | AMOUNT |
|-----------------|---|--------|
| 4309 | EW - LANDFILL TIPPING FEES (Special Fund 585) - Quarterly | |
| 4310 | EW - TRANSFER STATION TIPPING FEES (Special Fund 585) - Quarterly | |
| 4312 | EW - RECYCLING FACILITY PERMIT APPLICATION FEES (General fund) - Annually | |
| 4311 | EW - CLEAN CONSTRUCTION AND DEMOLITION DEBRIS (CCDD) PERMIT APPLICATION FEES (General Fees) - Annually | |
| | | |
| | TOTAL AMOUNT | \$ |

Detach Below

PAYMENTS WILL NOT BE ACCEPTED WITHOUT THIS COMPLETED COUPON

ENVIRONMENTAL CONTROL - SOLID WASTE AND RECYCLING

MAIL ALL PAYMENTS ALONG WITH COUPON TO:
 COOK COUNTY DEPARTMENT OF REVENUE
 118 N. CLARK STREET, ROOM 1160
 CHICAGO, IL 60602

FACILITY NAME: _____

PHONE NUMBER: _____

FACILITY ADDRESS: _____

Date of Application: _____

| | | |
|-------------------|--|----|
| 4309 | EW - LANDFILL TIPPING FEES | \$ |
| 4310 | EW - TRANSFER STATION TIPPING FEES | \$ |
| 4312 | EW - RECYCLING FACILITY PERMIT APPLICATION FEES | \$ |
| 4311 | EW - CLEAN CONSTRUCTION & DEMOLITION DEBRIS (CCDD) PERMIT APPLICATION FEES | \$ |
| | | |
| AMOUNT DUE | | \$ |

FOR OFFICE USE ONLY

Account/Permit Number: _____