



SOLID WASTE & RECYCLING

**Commercial Solid Waste Hauler Permit Application Form  
(Attach additional sheets if necessary)**

Date: \_\_\_\_\_

Business/Trade Name (Applicant):  
\_\_\_\_\_

Business Type:

Sole Proprietor     Partnership     Corporation     Other (describe)

If a corporation, please provide name and address of president, vice presidents and agent for service:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address:  
\_\_\_\_\_  
\_\_\_\_\_

Physical Address:  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Years in business: \_\_\_\_\_

Daily hours of Operation: \_\_\_\_\_

State any record of criminal felony convictions against applicant or employees resulting from the unlawful operation of a vehicle used to haul solid waste refuse:  
\_\_\_\_\_  
\_\_\_\_\_

The City posts information about permitted companies on its website. This information (company name, types of waste handled, and contact number) is available for the public.

- I do not want my company information posted
- I would like my company information posted (please answer a, b, and c below)
- a) Company name to be listed: \_\_\_\_\_
- b) Type(s) of materials handled (check all that apply):
- Commercial Recycling
  - Construction Demolition
  - Yard Debris
  - Other, please specify: \_\_\_\_\_
- c) Contact telephone number: \_\_\_\_\_

Provide description of the source and the types of solid waste the applicant intends to collect and transport and estimated annual tonnages:

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Location(s) at which the applicant intends to dispose of the solid waste collected including name, address and telephone number of the operator of each location:

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A certificate of insurance must be attached evidencing that applicant has obtained the required commercial general (public) liability insurance policy in an amount of not less than \$500,000.

A certified list of vehicles must be attached describing all vehicles used by applicant to collect and transport commercial solid waste.

Please return this application form and payment to: City of New Braunfels, c/o Solid Waste Division, 424 S Castell Avenue, New Braunfels, Texas 78130.

I do hereby attest that any solid waste collected and/or transported by Applicant within/from the City of New Braunfels will be disposed at a facility that is authorized by the TCEQ to accept the type of solid waste collected or transported by Applicant. Applicant will maintain a current permit for each vehicle as required by the City of New Braunfels for commercial haulers of solid waste. I also dutifully understand and agree to abide by the provision of Chapter 110 (Solid Waste) of the City of New Braunfels Municipal Code.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_