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

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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

Section I. – Proposed Licensee/Owner/Operator Information	
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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 <i>Mailing</i> Address City State Zip Code	
Troposed Electrice Straining Faddless	
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 of the business or entity information of the business or entity is information.	nation
provided in this application must match the information in the SDAT register and the account must be in good standing.	in the state of th
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Corporation or Government Applicant: Federal Tax Identification No.: Maryland State Department of Assessments and Taxation (SDAT) Department ID No.:	
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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.	
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:	

Form No.: MDE/WAS/LIC.006 Version Date: May 27, 2022 TTY Users: 1.800.735.2258

compensation Commission.

Section IV. Facility Information (location where scrap tires will be collected)								
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J	Facility/Site Name							
Ī	Facility/Site Address	City		State	Zip Code			
[☐ Baltimore City ☐ County:							
Section V. Operational Information								
	Briefly describe the manner in which scrap	tires are being accumulate	d at your facility:					
	,	Ü	, ,					
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 H	lauler License No.	Expiration Date				
3.	Provide the following information about the	e scrap tire facility where y	your scrap tires will be de	livered.				
	Scrap Tire Facility Name		acility License No.	Expiration Date				
Se	ection VI. Property Owner Information	on						
-	D			P	. T. I N			
,	Property Owner's Name			Property Owner	's Telephone No.			
j	Property Owner's Address	City		State	Zip Code			
C	action VII Zoning / Lond Has Comifi	action						
	ection VII. Zoning / Land Use Certific		1.6. 114	r u c	. 11 1			
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: \square Yes \square No								
	ection 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.								
	1 ()	tle	Signature of Applica		Date			
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. Pailure 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:	<u>OR</u>	FAX COM	PLETED APPLICATIO	ON TO:			
	Γ MARYLAND DEPARTMENT OF THE ENV	IRONMENT 7	410-53	7-3321				
	RESOURCE MANAGEMENT PROGRAM Scrap Tire License Application 1800 Washington Boulevard, Suite 610 Baltimore, Maryland 21230-1719							

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