



**ANNUAL REGISTRATION FOR RECOVERED MATERIALS DEALER**

**Remit to:** Director of Solid Waste/Recycling  
Attn: Senior Accountant  
City of Clearwater  
1701 N. Hercules Avenue  
Clearwater, FL 33765

Contact us: [SWPrivateHauler@myclearwater.com](mailto:SWPrivateHauler@myclearwater.com) or (727) 444-8554

**Annual Application/Renewal Fee:**  
**\$57.50 (Make check payable to the City of Clearwater)**

Applicant (Firm Name): \_\_\_\_\_

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

Telephone & Email: \_\_\_\_\_

1. Applicant Information: (Name of the owner or operator of the dealer or company. List general or limited partners, if a partnership. List corporate officers and directors, if corporation. State permanent place of business: \_\_\_\_\_

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

2. Brief description of business that firm is engaged in: \_\_\_\_\_

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

3. As required by Section 403.7046, Florida Statutes, applicant shall attach a valid copy of its Recovered Materials Certification to submit along with this application. <https://floridadep.gov/waste/waste-reduction/content/recovered-materials-certification-and-reporting-program>

4. This application shall be accompanied by a check in the amount of \$57.50 payable to the City of Clearwater

5. No permit shall be granted without proof of a current City of Clearwater Business Tax Receipt OR (if located outside of the City) a City of Clearwater registration of an approved Occupational License as required by Sec. 36.064 of the Clearwater City Code.

Apply/Renew online at <https://www.myclearwater.com/Business-Development/Clearwater-Business-Resources/Business-Tax-Receipts-BTR-Business-Registrations>

**Business Tax Receipt Number:** \_\_\_\_\_

**Business Tax Receipt Expiration Date:** \_\_\_\_\_

**or Occupational License Number:** \_\_\_\_\_

6. Applicant agrees to comply with the terms Section 32.2715 and Section 32.311-32.315, City of Clearwater Code of Ordinances thereof as created by Ordinance 8025-09, as may be amended from time to time.

7. Applicant certifies that the recovered materials collected in the City of Clearwater will be processed at a recovered materials processing facility satisfying the requirements of Section 403.7046, Florida Statutes.

8. Applicant agrees to provide the Director of Solid Waste/General Services a quarterly report identifying the types and tonnages of recovered materials from the City of Clearwater that were collected, recycled, or used during the reporting period; the approximate percentage of recovered materials reused, stored or delivered to a recovered materials processing facility or disposed of in the solid waste disposal facility; and the locations where any recovered materials were disposed of as solid waste. Each quarterly report shall be due not later than the last business day of the month following the end of each calendar quarter (Sec. 32.314).

9. Applicant acknowledges that registration or the renewal of a registration shall not be construed as a grant or franchise or a vested right.

Applicant's Signature: \_\_\_\_\_

Title: \_\_\_\_\_  
(Applicant must indicate whether Corporation, Partnership, Company or Individual.)

\_\_\_\_\_  
(Authorized Agent/Principal)

By \_\_\_\_\_ (Seal)

The person signing shall, in his own handwriting, Sign the Principal's name, his own name and title. \_\_\_\_\_

Where a person is signing for a Corporation, he must show by Affidavit his authority to bind the \_\_\_\_\_ Corporation.

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Before me appeared \_\_\_\_\_, who acknowledged that he/she is

the \_\_\_\_\_, that he/she is authorized to submit the

above application on behalf of \_\_\_\_\_, and that the facts set forth

in the application form are true to the best of his/her knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Commission Expires \_\_\_\_\_

Notary Public

Personally Known Or Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_