Town of Hollis Office of the Select Board 34 Town Farm Road, Hollis ME 04042 Phone: (207) 929-8552 Fax: (207) 929-3686 Web Address: <u>www.hollismaine.org</u>

REFUSE HAULER F	PERMIT APPLIC	ATION	Permit Fee:	<u>\$25.00</u>		
Name of Applicant:						
D/B/A (if any):						
Location Address						
Mailing Address:						
Contact Person:	Phone:					
Email Address:						
-	/Partnership Inform		Corporation	LLC		
Name of Owner:						
Name of Owner: Corporation/LL officers below <u>or</u> attack	<u>.C Information</u> – 1	Provide list of na	ames and addresses	of directors and		
Name:	Title:	Addres	s:			
Name:	Title:	Addres	s:			
Name:	Title:	Addres	s:			

PROVIDE FOLLOWING INFORMATION BY PLACING INITIALS AT 'YES' OR 'NO':

- 1)Have you read and do you understand the solid waste ordinance, rules and/or
regulations of the Town of Hollis?Yes_____No_____
- 2) Do you understand and agree that all nonexempt acceptable solid waste collected by you in the Town of Hollis must be disposed of at the <u>Ecomaine</u> facility or other licensed solid waste facility designated in writing by the Town of Hollis? Yes_____ No_____
- 3) Do you agree that any food waste must be separated for recycling and not disposed of at the Ecomaine facility must be delivered to a licensed solid waste processing facility (i.e. digester or solid waste composting facility.) Food waste that is not delivered to Ecomaine shall not be delivered to any solid waste landfill. In the event that Ecomaine operators a solid waste composting facility, solid waste processing facility or other facility that is capable of processing food waste in the future, you must dispose of all food waste generated in the Town of Hollis at the Ecomaine facility.

Yes_____ No_____

By signature below, the applicant agrees to abide by all of the above conditions, as well as all Town of Hollis ordinances, rules and regulations governing this permit and the collection and transportation of solid waste, as a requirement for the issuance of this permit, the violation of which could result in sanctions.

Dated:_____

Printed Name:_____

Signature:_____

Title:	 	