

KANDIYOHI COUNTY SOLID WASTE FACILITY PERMIT RENEWAL APPLICATION

Kandiyohi County Environmental Services
County Office Building, 400 SW Benson Ave, Willmar, MN 56201
(320) 231-6229 www.kcmn.us

OFFICE USE: Fee \$ 250.00 _____ Receipt No. _____ Date: _____

Facility Information:

Name: _____ Phone: _____

Address: _____

Contact Person Information:

Name: _____ Phone: _____

Address: _____

Property / Landowner Information:

Name: _____ Phone: _____

Email Address: _____ PID#: _____

Legal Description: _____

(1) Type of Waste Management Facility (*check all that apply*):

- | | | |
|--|---|---|
| <input type="checkbox"/> MMSW Landfill | <input type="checkbox"/> Demolition Debris Landfill | <input type="checkbox"/> MMSW Ash Disposal Facility |
| <input type="checkbox"/> Transfer Station | <input type="checkbox"/> Refuse Derived Fuel Processing | <input type="checkbox"/> MMSW Incineration |
| <input type="checkbox"/> RDF Incineration | <input type="checkbox"/> Yard Waste Compost | <input type="checkbox"/> MMSW Compost |
| <input type="checkbox"/> Materials Recovery Facility | <input type="checkbox"/> Recycling Facility | <input type="checkbox"/> Other (explain) |

Licensee agrees to faithful performance and compliance with the Kandiyohi County Solid Waste Ordinance and laws of the State of Minnesota relating to said Facility. Licensee agrees that the County Board of Commissioners has the right to refuse renewal or to revoke said license for cause; and the Licensee has the right to request a hearing before a renewal, refusal or revocation.

Signature of Licensee

Date

License granted by Kandiyohi County Board of Commissioners for operation during calendar year 20__.

Issued this _____ day of _____, 20__.

Attest:

Chairman, County Board of Commissioners

County Solid Waste Officer