

HORRY COUNTY SOLID WASTE AUTHORITY

**July 1, 2015 – June 30, 2016
COLLECTION AND DISPOSAL LICENSE**

**FOR SOLID WASTE,
CONSTRUCTION AND DEMOLITION WASTE**

HAULERS LICENSE RECERTIFICATION

3 Year License



**HORRY COUNTY SOLID WASTE AUTHORITY
1886 HIGHWAY 90
CONWAY, SOUTH CAROLINA 29526
Telephone Number - (843) 347-1651
Fax Number - (843) 347-3653**

**HORRY COUNTY SOLID WASTE AUTHORITY
COLLECTION AND DISPOSAL LICENSE
2015 – 2016 HAULERS LICENSE RECERTIFICATION**

Submission Due Date – June 30, 2015

Office Use Only

SWA Account Number _____
Received In Office _____
Completion Date _____

Part A: Applicant Information

Date Submitted _____

New Applicant or Renewal (circle one)

Company/Applicant Name: _____

Business Address: _____

Mailing Address _____

Telephone Number (day time): _____ Fax Number: _____

Contact Person: _____ Contact Email Address _____

Applicant shall provide a current copy of their *Horry County and/or Municipal Business License*
Please attach a copy to this page of the Collection and Disposal License Application.

Part B: Business Information

Legal Name of Company _____

Type of Business (check one): _____ Corporation _____ Partnership _____ Individual _____ Other
(Identify) _____

List names and titles of officers, directors, principals, partners or shareholders:

	Name	Title/Position	Address	Telephone Number
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Please circle all types of material or waste that is hauled by applicant:

Municipal Solid Waste Construction and Demolition Debris Other: _____

Part C: Letter of Certification

To the Horry County Solid Waste Authority (SWA):

In compliance with the Terms and Conditions of the SWA’s Solid Waste Collection and Disposal License Rules and Regulations,

I, _____, having examined the License Application, License Rules and Regulations, applicable local laws, and being familiar with all requirements and conditions, hereby agree to operate in accordance with such requirements in the event a license is issued. I also affirm that the statements made on the license application form including any attached papers are true and accurate, and that I am aware that knowingly filing false statements is subject to a violation under Horry County Ordinance No. 02-09 and 78-13.

Accepted and Agreed to:

By: _____

Signature

Title

Date

Return this page to
the Authority office.

Approval of this information does not relieve the applicant of the responsibility of complying with any other applicable Local, State or Federal Regulations.

❖ **Return License Application To:**

**Horry County Solid Waste Authority
Attn: Finance Department
PO Box 1664
Conway, SC 29528
Telephone Number (843) 347-1651
Fax Number (843) 347-3653**

Approved by:

By: _____

SWA Approval Signature

Title

Date