



09-29-16 A09:38 IN

**AUSTIN CODE
DEPARTMENT**

PRIVATE HAULER APPLICATION

**ORIGINAL**

DESCRIPTION: All private haulers that collect, remove, or transport waste, recycling, and/or organic/compost within the City of Austin must obtain a Private Hauler License. This Article of the City Code may be viewed in whole at the City Clerk's Office or at: **City of Austin Code 15-6, Article 3.**

INSTRUCTIONS:

1. Complete this application. This application must be signed by a legally authorized representative. All attachments must be clearly labeled.
2. Submit application by mail: **City of Austin Code Department, Attn: Finance-Private Hauler, PO Box 1088, Austin, TX 78767.** Or in person: **1520 Rutherford Lane, Building One.**
3. Payment must be cash, check or money order payable to: City of Austin Code Department. For questions, e-mail: ccdhaulerlicense@austintexas.gov

Upon completed application and submission of all required certifications and fees, you will receive two decals for each vehicle indicated. The placement of the decals shall be on the driver's door and the passenger door.

CHECKLIST:

- ☒ **Complete Private Hauler Application**
- ☒ **Insurance Certification** (City of Austin Code, 15-6, Section 53) - Attach a copy of your general and commercial auto liability insurance policy. Must show minimum limits of \$250,000 per individual and \$500,000 per occurrence for bodily injury and \$100,000 for property damage or \$1,000,000 on a combined single limit basis.
- ☒ **Annual State of Texas Vehicle Inspection Certification for each Licensed Vehicle** - If certification is unavailable, three pictures must be taken of each vehicle: side view of full vehicle, front view with license plate visible, and close up of inspection sticker.
- ☒ **Vehicle License Fee** (City of Austin Code, 15-6, Section 56) - \$100 per solid waste vehicle annually.
- ☒ **Private Collection Service Container Fee** - \$3 per container per month (collected quarterly).
- ☒ **Tonnage Report** - Prior reporting period.
- ☒ **Recycling Containers must have an Austin Resource Recovery Recycling Sticker**

PRIVATE HAULER INFORMATION:

Name of Applicant: ADAM WINFIELD

Name of Business: GREAT LAKES RECYCLING DBA SIMPLE RECYCLING

Local Address: 2120 GRAND AVE PARKWAY, SUITE 175

City: AUSTIN State: TX Zip: 78728

Phone: 866 835 5068 Fax: _____

Business Email: INFO@SIMPLERECYCLING.COM

Mailing Address: 5425 NAIMAN PKWY SOLON OH 44139

(if different than above)

Primary Contact and Title: ADAM WINFIELD, PRESIDENT

Contact Email: ADAM@SIMPLERECYCLING.COM

Website: WWW.SIMPLERECYCLING.COM

PRIVATE COLLECTION SERVICES:

1. What type of collection services do you provide? ☐ solid waste/landfill ☒ recycling ☐ compost/organic
2. Where are the materials hauled to (landfill, recycling center, compost facility)? SIMPLE RECYCLING'S DISTRIBUTION FACILITY

VEHICLES:

\$100 per solid waste/landfill vehicle | no fee for recycling/compost vehicle

Total of solid waste/landfill vehicles: 0 X \$100 = \$ 0
 Total of recycling/compost vehicles: 2 No Fee
 Total of combination vehicles: 0 X \$100 = \$ 0
TOTAL: \$ 0

RECYCLING VEHICLES

ehicles on separate page):

License Plate #	Make	Model	Year	Gross Vehicle Weight	VIN #
	FORD	TRANSIT	2015	8500	
	FORD	TRANSIT	2015	8500	

Recycling/compost vehicles (list additional vehicles on separate page):

License Plate #	Make	Model	Year	Gross Vehicle Weight	VIN #

PRIVATE HAULER APPLICATION**CONTAINERS:**

\$3 per container per month (collected quarterly) | **no fee** for recycling containers or containers over 10 cubic yards

Total of solid waste/landfill containers: 0 X \$3 per month = \$ 0

Total of recycling/compost containers: 0 No Fee

TOTAL: \$ 0

Size (cubic yards)	Quantity	Type
		<input type="checkbox"/> solid waste/landfill <input type="checkbox"/> recycling <input type="checkbox"/> compost/organic
		<input type="checkbox"/> solid waste/landfill <input type="checkbox"/> recycling <input type="checkbox"/> compost/organic
		<input type="checkbox"/> solid waste/landfill <input type="checkbox"/> recycling <input type="checkbox"/> compost/organic
		<input type="checkbox"/> solid waste/landfill <input type="checkbox"/> recycling <input type="checkbox"/> compost/organic
		<input type="checkbox"/> solid waste/landfill <input type="checkbox"/> recycling <input type="checkbox"/> compost/organic

LICENSE EXEMPTION:

In accordance with **City of Austin Code 15-6, Article 3**, this section must be completed to request exemption from the licensing requirements for Private Collection Services.

Reason(s) for exemption from fees (check all that apply):

- ☒ Does not collect landfill trash materials within the Austin city limits.
☐ No longer provides landfill trash collection services.
☐ Only collects organic materials to be composted.
☒ Only collects recyclable materials.
☐ Other (must specify):

INSURANCE:

Name of commercial general liability and automobile insurance company: TRAVELLERS (SEE ATTACHED)

Certificate of insurance attached: ☒ yes ☐ no If no, date insurance will be sent: _____

SIGNATURES:

By signing this document, I do hereby certify that all statements and representations contained in this application are true, correct and complete. I understand the obligations as a holder of a Private Hauler License and am willing to comply with the terms and conditions of all provisions in the applicable City of Austin ordinances and administrative rules. Any changes to the information above shall be my responsibility to update and submit to the City of Austin.

[Signature]
Signature (Owner or President Only)

Adam Winfield
Printed Name

9/23/16
Date

Signature of Applicant (if different than above)

Printed Name

Date

*this application shall not be complete until the Code Director or City designee, signs below for acceptance of the certificate of insurance required by City of Austin Code 15-6, Section 53

For City of Austin Use Only (acceptance of the said contained Private Waste Hauler applicant's Certificate of Insurance)

[Signature]

Mark Wence
Printed Name

9/29/16
Date Received

Code Director or Designee

PRIVATE HAULER APPLICATION

OHIO
THE STATE OF ~~TEXAS~~ §
CUYAHOGA §
COUNTY OF ~~TRAVIS~~ §

BEFORE ME, the undersigned authority, on this day personally appeared ADAM WINFIELD, known to me the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

SWORN TO AND SUBSCRIBED before me on this 23 day of SEPTEMBER, 2016

[PERSONALIZED SEAL]

Helen A Terpylak
NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS

Helen A Terpylak
PRINTED NAME OF NOTARY

MY COMMISSION EXPIRES: _____

HELEN A. TERPYLAK, Notary Public
State of Ohio, Lorain County
My Commission Expires Aug. 24, 2019

TONNAGE REPORT:

* NEW PROGRAM

Material Collected	Amount in Tons (Jan. – Jun.)	Amount in Tons (Jul. – Dec.)
Solid Waste/Landfill		
Recycling		
Compost/Organic		
Other* (i.e. electronics, pallets, batteries, etc.)		

* Please list type of and weight of other recyclable materials collected.

For City of Austin Use Only

Austin Resource Recovery Staff

Date Received

Comments:

PRIVATE HAULER VEHICLE LICENSE FEE REMITTANCE FORM:

Name of Applicant: ADAM WINFELD
Name of Business: SIMPLE RECYCLING
Local Address: 2120 GRANO AVE PKWY, SUITE 175
City: AUSTIN State: TX Zip: 78728


VEHICLES:

\$100 per solid waste/landfill vehicle | no fee for recycling/compost vehicle

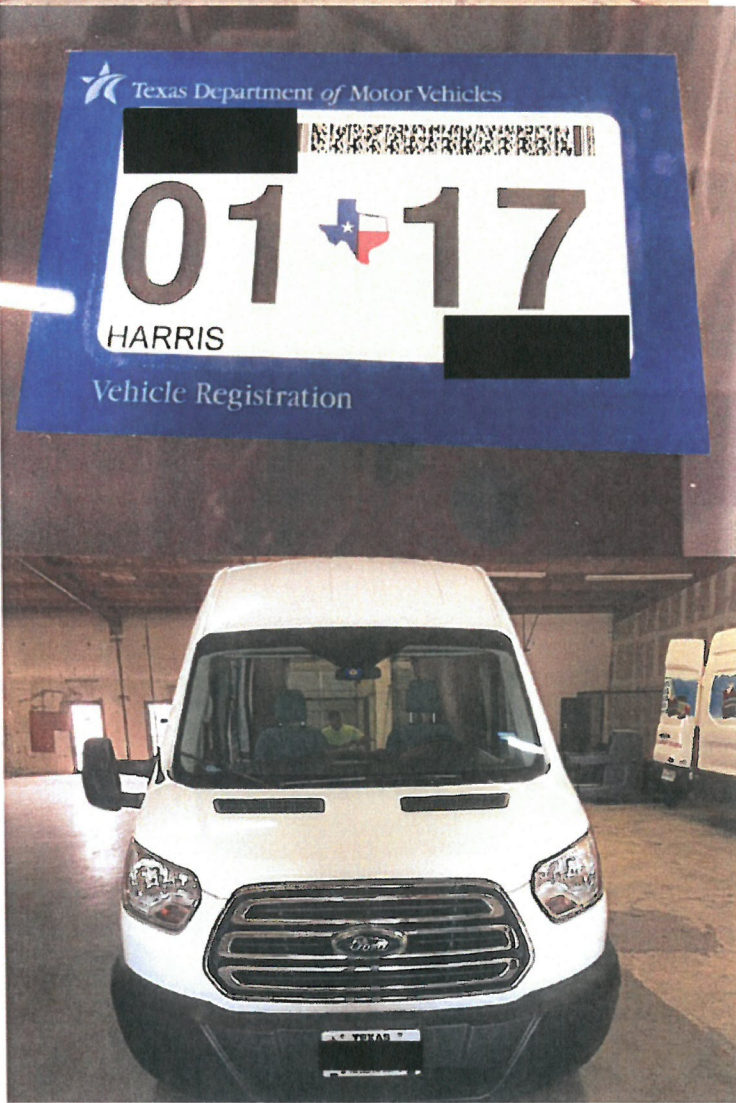
Total of solid waste/landfill vehicles:	<u>0</u>	X \$100 =	\$ <u>0</u>
Total of recycling/compost vehicles:	<u>2</u>	No Fee	
Total of combination vehicles:	<u>0</u>	X \$100 =	\$ <u>0</u>
TOTAL:			\$

This company ☐ is for ☒ is not subject to the Container Fee.

I certify that the above information is true and correct.

<u></u> Signature of Applicant	<u>ADAM WINFELD</u> Printed Name	<u>9/21/16</u> Date
<u>PRESIDENT</u> Title	<u>862 268 2530</u> Phone Number	







CERTIFICATE OF LIABILITY INSURANCE

OP ID: RN

DATE (MM/DD/YYYY)

09/28/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Fitzgibbons Arnold & Company P.O. Box 45520 Cleveland, OH 44145-0520 Richard E. Arnold		CONTACT NAME: Tammy Houser PHONE (A/C, No, Ext): 440-892-3636 FAX (A/C, No): 440-892-3630 E-MAIL ADDRESS: Thouser@fitzarn.com PRODUCER CUSTOMER ID #: VALUE-1	
INSURED Great Lakes Recycling, Inc. DBA Simple Recycling 5425 Naiman Parkway Solon, OH 44139		INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Casualty Ins Co of A INSURER B: TheTravelers Indemnity Company INSURER C: Navigators Insurance Company INSURER D: INSURER E: INSURER F:	
		NAIC # 25658	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY				03/31/2016	03/31/2017	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 1,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 10,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY				03/31/2016	03/31/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (PER ACCIDENT) \$
	<input type="checkbox"/> HIRED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB				03/31/2016	03/31/2017	EACH OCCURRENCE \$ 10,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 10,000,000
	<input type="checkbox"/> CLAIMS-MADE						\$
	<input checked="" type="checkbox"/> DEDUCTIBLE						\$
	<input checked="" type="checkbox"/> RETENTION \$ 0						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

INFOR-1

For Information Only

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Public Information Request

The information you requested contains information that relates to:

- a motor vehicle operator's or driver's license or permit issued by an agency of this state or another state or country; or
- a motor vehicle title or registration issued by an agency of this state or another state or country; or
- a personal identification document issued by an agency of this state or another state or country or a local agency authorized to issue an identification document.

This information is confidential under section 552.130 of the Texas Government Code. Our office is prohibited by law from releasing this information to you, and therefore we have removed this information from the enclosed information we are providing to you.

Normally, we must request a ruling from the Texas Attorney General before we can withhold any of the information you requested. However, section 552.130 allows us to withhold this specific information without requesting a ruling from the attorney general.

You have the right to appeal our decision to withhold this information from you. Instructions for appeal are at the end of this letter. If you do not want to appeal, you do not need to do anything else. Please note that we are only withholding the specific categories of information that are confidential under section 552.130. We will process the rest of your request for information in accordance with the terms of the Public Information Act.

How to appeal the withholding of information under Gov't Code section 552.130

If you wish to appeal the withholding of information discussed on the previous page, you must send the following to the attorney general:

- 1) a signed, written statement indicating your wish to appeal the withholding of information;
- 2) the name of the governmental body that withheld information from you;
- 3) the date you made your original request for information; and
- 4) a copy of your original request for information, or if you are unable to provide a copy, a description of your original request for information.

You may also submit written comments stating why you think the information should be released to you, but you are not required to do so.

Send your appeal by mail to the attorney general at:

Open Records Division
P.O. Box 12548
Austin, Texas 78711-2548

Within forty-five business days after receiving all of the above-listed items necessary to file your appeal, the attorney general will issue a written ruling on the matter. You will receive a copy of this ruling in the mail.