



**RI DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
SOLID WASTE & RECYCLING FACILITY
LICENSE AND REGISTRATION APPLICATION¹ OR RENEWAL
FORM**

STEP 1

FILL IN THE FORM BY USING THE TAB KEY TO ADVANCE TO THE NEXT ENTRY. PLEASE SAVE THIS FILE WITH YOUR FACILITY NAME AND YEAR OF SUBMITTAL AS THE DOCUMENT NAME. EXAMPLE: MY FACILITY 2018. FOR HELP PLEASE CONTACT THE OFFICE OF WASTE MANAGEMENT AT 401-222-2797.

NOTE: THOSE APPLYING FOR TRANSPORTER PERMITS SHOULD NOT USE THIS FORM BUT SUBMIT FORMS SHOWN ON THE [TRANSPORTER PERMIT PAGE](#):

Date of Application or Renewal: Click or tap here to enter text.

Facility Name: Click or tap here to enter text.

Facility Site Address: Click or tap here to enter text.

APPLICANT(S)

Name(s): Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Mailing Address: Click or tap here to enter text.

FACILITY OPERATOR

Name: Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Mailing Address: Click or tap here to enter text.

FACILITY SITE PROPERTY OWNER(S)

Name(s): Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Mailing Address: Click or tap here to enter text.

Digital Copy of Application (email or enclosed): Click or tap here to enter text.

STEP 2

1. Applicants for a new License or Registration to operate a Waste Management Facility shall complete the Business Concern Disclosure Statement found at:
<http://www.dem.ri.gov/programs/benviron/waste/pdf/hwbusdisc.pdf>
- 2.

APPLICATION AND RENEWAL FEES ARE TO BE PAID BY CHECK OR MONEY ORDER MADE PAYABLE TO:

R.I. GENERAL TREASURER

<i>Type of Application or Renewal: Check one box:</i> <input checked="" type="checkbox"/>	New	Renewal	Renewal Period (years)
FACILITY LICENSE TYPE	Application Fee	Renewal Fee	
Medical Waste Facilities [Account 3615998.01.422000 Cost Ctr 3234 17-12-834]			
Medical Waste Treatment Facility	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$7,500	3
Medical Waste Transfer Station	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$3,000	1
Medical Waste Incinerator	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$15,000	3
Medical Waste Incinerator	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$10,000	3
Solid Waste Facilities [Account 3765104.03.461038 Cost Ctr 3476 17-18-211]			
Lined Sanitary Landfill	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$15,000	3
Resource Recovery Facility/Incinerator	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$15,000	3
Petroleum Contaminated Soil	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$10,000	3
Unlined Sanitary Landfill	Prohibited	<input type="checkbox"/> \$3,000	3
Transfer Station/Collection Station	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$3,000	3
Mixed Solid Waste Composting	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$3,000	3
Construction and Demolition Debris	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$3,000	3
Anaerobic Digestion	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$3,000	3
Tire Storage and Recycling	<input type="checkbox"/> \$50	<input type="checkbox"/> \$25	1
Large Scale Putrescible Waste Composting	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$3,000	3
Medium Scale Putrescible Waste Composting	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0	NA
Large Scale Leaf and Yard Waste Composting	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0	3
Medium Scale Leaf and Yard Waste Composting	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0	NA
Other Solid Waste Management Facility	<input type="checkbox"/> Contact DEM	<input type="checkbox"/> Contact DEM	Contact DEM
Hazardous Waste Facilities [Account 3765104.03.461038 Cost Ctr 3476 17-18-211]			
Hazardous Waste Treatment, Storage, Disposal Facility	<input checked="" type="checkbox"/> \$25,000	<input type="checkbox"/> \$10,000	5
72 Hour Temporary Hazardous Waste Storage	<input type="checkbox"/> \$2000	<input type="checkbox"/> \$500	1

STEP 2

PRINT THIS APPLICATION FORM AND ATTACH IT TO YOUR PAYMENT AND SUPPORTING DOCUMENTS (EXAMPLE: FACILITY OPERATING PLAN).

STEP 3

PLEASE DELIVER THE SUBMITTAL PACKAGE CONSISTING OF:

1. 1 copy of this application form from step 2.
2. 2 hard copies of Application and supporting documents
3. A digital copy of the application or printout of email transmission of digital copy to RIDEM
4. Check or money order to the RI General treasurer
5. Business Concern Disclosure Statement (New Facility Applications Only)
6. Copy of notification to Municipality of the proposed activity (New Facility Applications Only)

To:
Mark M. Dennen, Supervising Environmental Scientist
RIDEM/Office of Waste Management
235 PROMENADE STREET
PROVIDENCE, RI 02908

Mark.dennen@dem.ri.gov

FOR DEPARTMENT USE ONLY:

Fee Amount Received: \$ _____

Date Received: _____

Check #: _____

Receipt Account : _____

Processed by: _____