

# Waste Operator's Licence Application Form



Application to Kāpiti Coast District Council to operate a waste management facility within the Kāpiti Coast District.

**Enquiries: Ph (04 296 4700)**

## Details of the Applicant

Company Name: \_\_\_\_\_

Trading Name and Associated 'Brands': \_\_\_\_\_

Phone: \_\_\_\_\_ Mob: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Application Made By (Name): \_\_\_\_\_  
FIRST NAME SURNAME

Daytime Telephone Number: \_\_\_\_\_

If different, contact details of key contact person during the term of the licence: \_\_\_\_\_

## Application Period

1 July 20\_\_ to \_\_\_\_\_ (maximum licence period 5 years)

## Details of Licensed Activities

*(tick all that apply)*

### 1. Type of material being received and handled under the licence

- |  |   |
|--|---|
| <input type="checkbox"/> Residual waste  | <input type="checkbox"/> Kerbside recyclables |
| <input type="checkbox"/> Organic waste   | <input type="checkbox"/> Recyclable waste     |
| <input type="checkbox"/> Hazardous waste | <input type="checkbox"/> Commercial waste     |
| <input type="checkbox"/> Inorganic waste | <input type="checkbox"/> Other: _____         |

### 2. Facilities to which material will be transported out of the facility

Name, Addresses and Type of Facility/Facilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Please identify facilities as – Resource Recovery Facility (RFF), Transfer Station, Landfill, Cleanfill, Compost Site, Recycling or Other)

**continued overleaf**

## Details of Licensed Activities (cont.)

### 3. Waste Management Plan

Describe how your operation is contributing to the objectives of Council's Waste Management Plan (waste minimisation: reduce, reuse, recycle, recover, treatment and disposal in that order). *Attach a paragraph.*

### 4. Treatment

What is the treatment (if any) for the waste that is being received at the Facility? *Attach details of treatment for each type of waste to be collected.*

### 5. Methodology details

Provide methodology details, e.g. means of recycling, recovering, reusing, treatment and (if applicable) disposal. *Attach a paragraph.*

### 6. Training

Indicate levels of training provided Facility staff. *Attach a paragraph.*

### 7. Experience

Provide details of applicant's experience, reputation and track record in the waste industry. *Attach a paragraph.*

### 8. Past operational issues

Provide details of past operational issues affecting performance. *Attach as appropriate.*

### 9. Certification

Provide copy of certificate of public liability insurance. *A certificate from a broker is sufficient.*

## Declaration

I/we agree to be bound by and fulfil all terms and conditions of the licence, including (without limitation) meeting all information and reporting requirements.

I/we declare that all information provided in this application and its (numbered) attachments and any information subsequently provided under the terms and conditions of the licence are correct and accurate.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Title of applicant: \_\_\_\_\_

**The person completing this application must be authorised, in writing, to act as a signatory on behalf of the applicant.**

**Note:** *All company specific information received will be treated as confidential and subject to Local Government Official Information and Meetings Act 1987 (LGOIMA) requirements.*

**Licence fee payment enclosed: \$\_\_\_\_\_ (including GST p.a.) for one (1) year.**

## FOR OFFICIAL USE ONLY

Receipt number: \_\_\_\_\_ Amount: \_\_\_\_\_

Date: \_\_\_\_\_ Name Officer: \_\_\_\_\_

Licence number: \_\_\_\_\_

Return completed form to: [waste@kcdc.govt.nz](mailto:waste@kcdc.govt.nz) or Kāpiti Coast District Council, PO Box 60601, Paraparaumu 5254