



BOARD OF COUNTY COMMISSIONERS

**Solid Waste Management
Department** 2725 Judge Fran
Jamieson Way Building A, Room 118
Viera, Florida 32940
Main Number: (321) 633-2042
Email Application:
solidwaste.billing@brevardfl.gov

OPENING A SOLID WASTE MANAGEMENT DEPARTMENT COUNTY LANDFILL DISPOSAL FACILITY GATE ACCOUNT

Chapter 94, Section 94-277, Brevard County Code of Ordinances, requires that any commercial entity that disposes solid waste at the County's landfill facilities, must establish a landfill gate account with the Solid Waste Management Department. Enclosed for completion is a Solid Waste Management Department Gate Account Application, Landfill Agreement, Vehicle Decal Information Sheet, and Credit Card Authorization Form. Please complete the appropriate forms, have them notarized, and return to this office. In addition, the Department will need the following information, depending on the type of entity:

Corporation: A copy of the Board Resolutions that appoint officers to act on behalf of the Corporation. Copy of Business Tax Receipt (required by Chapter 102, Article II of the Brevard County Code of Ordinances).

Partnership: A copy of the Partnership Agreement. Copy of Business Tax Receipt (required by Chapter 102, Article II of the Brevard County Code of Ordinances).

Sole Proprietorship: Copy of Business Tax Receipt (required by Chapter 102, Article II of the Brevard County Code of Ordinances).

Security Deposits:

Chapter 94, Section 94-277, requires that entities who are establishing a Solid Waste Management Department gate account to pay a security deposit. The security deposit amount will be determined once we have reviewed the application. In general, the security deposit is based on the estimated tonnage and type of waste to be brought to the County's landfills. The security deposit will equal two months of estimated disposal fees. The amount of the security deposit required is subject to change as determined by actual usage.

The security deposit can be made in the form of check, surety bond, letter of credit, or Master/Visa/Discover credit card. If you wish to use a credit card for the security deposit, please complete the Credit Card Authorization Form, After review of the application, and receipt of the security deposit, an account number will be assigned.

WE DO NOT ACCEPT ANY DEBRIS FROM OUTSIDE BREVARD COUNTY

Phone (321) 633-2042

Website: BrevardCounty.us/SolidWaste

Decals for Vehicles

Solid Waste Management Department uses a decal system to identify authorized account holders. A decal will be issued for each company vehicle, which will become your “vehicle identification number” for landfill use. This decal number is linked to the account number assigned. **The decal must be permanently and conspicuously displayed on the bottom left of the front windshield.** Additionally, **the decal must be removed and returned to the Solid Waste Department from the vehicle if the vehicle is sold, or no longer utilized.** Please make copies of the Vehicle form, and submit a completed form for each vehicle that will require a decal. Anytime a change is needed, please complete this form and return it to the Solid Waste Management Department.

Use of Brevard County Landfill Facilities

The first time you use a landfill disposal facility, your vehicle will be weighed empty to determine it’s standard tare weight, which will be stored in our system. All vehicles will be randomly weighed at future dates to validate the accuracy of our database. All charges are determined by weight. Each time you use the landfill disposal facilities, a weigh ticket will be issued electronically which will indicate the weight and charge for that load. Keep a copy of this ticket for your records.

A statement will be issued electronically each month with a compilation of the month's activity and charges. You will have **30** days to pay the amount due on the statement; after 30 days from the date of the statement, the account becomes delinquent. **If payment is not received before 60 days, your account will be closed and will not be reopened until the total amount due on your account is paid.** If not paid within 90 days, the account may be submitted for collection. If the account remains unpaid, the security deposit will be used to pay the account balance. After the security deposit is used, then the account holder must pay the remaining account balance, if any, plus, the amount of the security deposit that was used to pay the account, in order to have the account reopened. You may also be required to pay an additional security deposit prior to your account being reopened. **It is incumbent upon you to contact this office to make arrangements for paying your account if you are not in a position to pay the entire balance due.**

When bringing debris to the landfill, you must accurately identify the debris being brought in, and provide a valid street address when asked. The owner must ensure that all employees of the entity comply with the Scale House attendant’s direction as to where to take the debris. **Failure to accurately identify debris being brought into the landfill, and its origin, may be considered defrauding the government. It is our policy to have personnel spot check loads and to randomly verify addresses. Failure to provide accurate information or comply with directions from Solid Waste Management could result in the account being closed permanently.**

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COUNTY**

Third Party Authorization:

The submission of the Third Party Agreement, must be signed by the person who opened the account, this is required in order to safeguard the integrity of your account. **However, it should be understood that the County considers it your responsibility to monitor any third-party use of your account.** Forms available upon request.

Dump Trailer or Roll-Off Permit Requirement:

If your company is one that provides Dump Trailers or Roll-Off containers to customers, then you must obtain a permit from the Solid Waste Department. This permit is good for a period of five (5) years. Forms available upon request.

Non-Hazardous Waste Materials (Special Waste)

Special Waste shall include those wastes that are not normally included under the definition of municipal solid waste. Due to their nature, these wastes cannot be disposed of at the County's solid waste disposal facilities under normal operating procedures, but require special handling or review and approval in accordance with prescribed criteria. All inquiries or requests for disposal of special wastes should be directed to the Environmental Services Section supervisor of the Solid Waste Management Department. You may call (321) 633-2042. **A 24 hour notice must be given prior to bringing any special waste to the County's disposal facilities.**

Closing an Account:

To close an existing Gate Account and seek reimbursement of the security deposit, a written request must be signed by owner and submitted to the Solid Waste Management Department.

The Solid Waste Management Department reserves the right to close any account due to one or more of the following: delinquent balance, inactivity, failure to provide Scale House attendants accurate information, abusiveness to Scale House attendants or other Solid Waste employees. Bringing in debris from anywhere outside of the County automatic permanent closure of your Gate Account.

Submission of Application and Documentation

When you have completed filling out the application, you may mail it to the Solid Waste Management Department at, 2725 Judge Fran Jamieson Way, Building A, Room 118, Viera, FL 32940 or Email to solidwaste.billing@brevardfl.gov. The new account will be initiated upon receipt of the application, supporting documents, and security deposit. If everything is in order, the account will be opened within 3 business days or less.

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GATE ACCOUNT APPLICATION

CORPORATION/LLC

Full Corporate or LLC Business Name: _____

Business Physical Address: Street _____ City _____ State _____ Zip _____

Business Office Phone _____ Fax: _____ Cell: _____ Bus Email: _____

Federal I.D. # _____ Occupational/Bus Tax Receipt # _____

SEND COPIES OF THE FOLLOWING WITH APPLICATION

1) Submit a copy of your State Board Resolutions (www.sunbiz.org)/Occupational License or Business Tax Receipt

INDIVIDUAL BUSINESS OWNER

Full Business Name: _____

Business Office Physical Address: Street _____ City _____ State _____ Zip _____

Business Office Phone _____ Fax: _____ Bus Email: _____

Home Physical Address: Street _____ City _____ State _____ Zip _____

Home Phone: _____ Fax: _____ Personal Email: _____

Federal I.D. # _____ Occupational/Bus Tax Receipt # _____

SEND COPIES OF THE FOLLOWING WITH APPLICATION

1) Submit a copy of your Driver License/State Board Resolution (www.sunbiz.org) /Occupational License or Business Tax Receipt

List all debris to be disposed of: _____

AUTHORIZED SIGNATURE FOR CORPORATION

AUTHORIZED SIGNATURE INDIVIDUAL BUS OWNER

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FOR OFFICE USE ONLY

Account # _____ Date: _____ Amount _____ Security Deposit Prepayment
 Check # _____ American Express Discover Mastercard Visa Surety Bond Letter of Credit



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BOARD OF COUNTY COMMISSIONERS

**AGREEMENT for
 Establishing a Gate Account for the Use of
 Brevard County Solid Waste Disposal Facilities**

I, _____,
 (Business Owner or Corporate Officer) (Business Name)

Whose business address is _____
 (Street) City State Zip

Agree to pay monthly, all solid waste disposal charges incurred in each month upon receipt of an invoice for said charges issued by the Solid Waste Management Department.

Pursuant to Chapter 94 of Brevard County Code of Ordinances, I agree to provide a security deposit upon opening a chargeable debris account in an amount sufficient to pay estimated charges for a period of two (2) months or longer, as determined by the Director of Brevard County Solid Waste Management Department, or his designee. The security deposit may be submitted in the form of a check, Master/Visa/Discover card, a Surety Bond or a Letter of Credit. Security deposits paid with a credit card will have any refund of a deposit applied back to the credit card when an account is closed, less any outstanding balances.

I understand that the full amount of the invoice is due within thirty (30) days of the billing date. If the full amount due is not paid within the 30 days of the invoice date, the account becomes delinquent. If the account becomes delinquent I will be notified of the delinquency. If the balance due remains unpaid after sixty (60) days from the date of the invoice, the account may be closed, and use of the Solid Waste Facilities will be discontinued. I further understand that the security deposit may be used to satisfy the outstanding balance. In order to reopen the account, I agree to pay the balance due, and/or, the amount of the security deposit used to pay the delinquent amount. I further understand that my account may be submitted to a collection agency when said account becomes ninety (90) days delinquent.

The gate account holder shall provide information about each user of their service as required from time to time by the County in a format and on a media to be defined by the County. The County shall provide the gate account holder with a written request for information and the media required and shall specify the date the information is required.

I further agree to notify the Solid Waste Management Department in writing of any change in ownership.

Owner: _____

Signed before me this _____ day of _____, 20____.

 Signature of Notary Public or SW Employee Witness Signature

My Commission Expires: _____

Form of Identification: _____



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VEHICLE DECAL INFORMATION

Instructions: Copy this form to fill out one for each company vehicle.

Important Note: Should you sell your vehicle(s) or your business you must call and notify this office. The decals issued to each vehicle is assigned to that specific vehicle and attached to the Gate Account number. Should decaled vehicles be it company owned or employee owned that you sold or no longer use, begin to utilize the landfill, all charges that are generated will be placed on your account, which makes you responsible for all charges.

Company/Employee Information

Company/Employee Name Landfill Account # Phone Number Fax Number

Send this form two days prior to your hauling date before 3:00p.m.

Email: solidwaste.billing@brevardfl.gov

Vehicle Information

- 1. Add Vehicle ___ 2. Expire Vehicle ___ with Decal # ___ Company ___ Employee ___
2. Truck Description: Year ___ Make ___ Model ___
3. Color ___ License Tag # ___ Truck # ___ (if applicable)

BX=Box ___ CL=Claw ___ DP=Dump Truck ___ DPT=Dump Trailer ___
FB=Flatbed ___ PU=Pickup ___ RO=Roll Off ___ TR=Trailer ___ VN=Van ___
FL= Front Loader ___ SL=Side Loader ___ RL=Rear Loader ___ XX=Other ___

Owner's Signature signifies that information was read and understood

PRINT NAME

SIGNATURE

For Office Use Only

Date Received _____

Add _____ Expire _____ Decal# _____

Start Date _____ Expiration Date _____

Authorized Signature _____ Date Completed _____



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Account # _____
(For Office Use Only)

CREDIT CARD AUTHORIZATION FORM

A convenience fee of 2.95% or \$2.00 (whichever is greater) will be added.

I hereby authorize the Solid Waste Management Department to charge the credit card shown below:

Security Deposit

Roll-Off Permit

American Express

Discover Card

MasterCard

Visa Card

Card #: _____ Amount: _____

Name on Card: _____

Expiration Date: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____

Cell Phone: _____

Email Address: _____

Authorized Signature: _____ Date: _____

WE DO NOT ACCEPT ANY DEBRIS FROM OUTSIDE BREVARD COUNTY

**Permit for Dump Trailer or Roll-Off Container Collection
Services in Unincorporated Brevard County**

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION

BUSINESS NAME: _____ PHONE: _____ FAX: _____

OWNER/CORPORATE OFFICER'S NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____ CELL PHONE: _____

EQUIPMENT YARD ADDRESS (if different than address listed above):

CITY: _____ STATE: _____ ZIP: _____

OPERATOR'S NAME: _____ CELL PHONE _____

EMERGENCY CONTACT NAME/PHONE NO: _____

PLEASE ATTACH THE FOLLOWING INFORMATION:

- (a) Proof of \$300,000.00 or more of liability insurance.
- (b) Copy of your Brevard County Business Tax Receipt to apply call 321-264-6969.
- (c) Submit a document listing all of the equipment being utilized to perform service allvehicles, color, make/model, year, including the quantity and the sizes of dump trailers or roll offs.
- (d) The application fee of \$600.00 is payable by American Express, Discover, MasterCard or Visa.

SEND APPLICATION TO:

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2725 Judge Fran Jamieson Way A118
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FOR BREVARD COUNTY SOLID WASTE MANAGEMENT DEPARTMENT USE ONLY

Date received: _____ Package complete date: _____
Application fee: _____ Paid by: _____ Date: _____
Permit no: _____ Date issued: _____ Permit Expiration date: _____

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