



CITY OF CULVER CITY
SELF-HAUL/ BACK-HAUL /THIRD PARTY HAULER
PERMIT APPLICATION

APPLICANT INFORMATION	
Company Name:	
Service Address:	Phone number:
City: State: Zip Code:	
Mailing Address:	
City: State: Zip Code:	
Primary Contact:	Phone number:
Email:	
I am the: ☐ Property Owner ☐ Business Tenant ☐ Contractor ☐ Business Manager	
GENERATOR INFORMATION	
Type of Permit: <i>(Check all that apply)</i> ☐ Self-Haul ☐ Back-Haul ☐ Third-Party	
Type of Material Collected/Processed: <i>(Check all that apply)</i> ☐ Solid Waste ☐ Recyclables ☐ Organics	
Reason for permit request:	
DISPOSAL FACILITY INFORMATION	
<i>Please list all facilities where material will be transported. Attach additional pages if needed.</i>	
Facility Name:	
Address:	
Contact Name:	
Phone Number:	Email:
Material(s) Disposed: ☐ Solid Waste ☐ Recycles ☐ Organics	
Hauling Frequency: ☐ Daily ☐ Weekly ☐ Bi- Weekly ☐ Monthly <i>(Solid Waste and Organics must be collected once every seven days)</i>	
Facility Diversion Rate:	Facility Type:
Facility Name:	
Address:	
Contact Name:	
Phone Number:	Email:
Material(s) Disposed: ☐ Solid Waste ☐ Recycles ☐ Organics	
Hauling Frequency: ☐ Daily ☐ Weekly ☐ Bi- Weekly ☐ Monthly <i>(Solid Waste and Organics must be collected once every seven days)</i>	
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Facility Diversion Rate:	Facility Type:
Method of Transport: ☐ Empty containers into secured vehicles ☐ Transport secured containers ☐ Other:	
Containers Provided <i>(Check all that apply)</i> : ☐ Trash ☐ Recycling ☐ Organics ☐ Baled recyclables, no container provided	
VEHICLE INFORMATION	
Please list all vehicles used to transport material(s). <i>Attach additional pages as needed.</i>	
Vehicle Make/Model:	
Vehicle license Plate #:	Registration Expiration:
Insurance Provider:	Insurance Expiration:
Do you own or lease this vehicle? ☐ Own ☐ Lease ☐ Authorized use Agreement	

I certify that the information provided is accurate and that I will comply with all City of Culver City requirements related to waste hauling, reporting, and disposal. This includes proper separation of recyclables and organics as required by local and state regulations, using only licensed disposal facilities, submitting reports as directed by the City with supporting receipts and/or weight tickets and renewing this permit each year.

Failure to comply may result in permit revocation.

Applicant Signature: _____

Today's Date: _____

CITY USE ONLY	
Business License #:	Permit #:
Approved: ☐ Yes ☐ No Approved by: _____ Date Approved _____	