



**SUPPLEMENTAL WASTE FEE  
APPLICATION**

**Receipt #:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Proposed Use:** \_\_\_\_\_ **Sq. Ft. / Units:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**Business Telephone #:** \_\_\_\_\_

**Business Owner:** \_\_\_\_\_

**Inspector's Name:** \_\_\_\_\_