



MISSOURI DEPARTMENT OF NATURAL RESOURCES
SOLID WASTE MANAGEMENT PROGRAM
SCRAP TIRE PROCESSING FACILITY PERMIT APPLICATION

FOR OFFICE USE ONLY

PERMIT NUMBER:

PROCESSOR (NAME OF COMPANY)		TELEPHONE NUMBER WITH AREA CODE	
MAILING ADDRESS	CITY	STATE	ZIP CODE
FACILITY ADDRESS (IF DIFFERENT THAN ABOVE)		TELEPHONE NUMBER WITH AREA CODE	
CITY	COUNTY	STATE	ZIP CODE
PROCESSOR'S PRINCIPAL OR AUTHORIZED REPRESENTATIVE (CONTACT PERSON)			
TITLE		TELEPHONE NUMBER WITH AREA CODE	
Estimate of average six month inventory (based on capacity of processing equipment or actual data from last year's use – please provide processing machinery manufacturer's specifications or actual date)			
Average tons per month			
Average tons in six months			
Note: A significant increase or decrease in inventory must be reported to the department and may warrant reopening of the permit.			
GEOGRAPHIC AREA SERVED (LIST MISSOURI COUNTIES TO BE SERVED – ATTACH LIST IF NECESSARY)			
Legal description of processing facility (if processing facility is mobile, then give the legal description for property containing the center of operations)			
¼ of the ¼ of the , township n, range (e/w) in county			
TYPE OF PROCESSING (SHREDDING, CUTTING, BALING, ETC.)			

BRIEF DESCRIPTION OF PROCESSING METHOD(S)

MATERIALS RESULTING FROM PROCESSING METHOD

PROPOSED END USE OR MARKET FOR PROCESSED MATERIALS

I, the undersigned, certify that the information contained herein is true and complete and the transport, disposal, storage or processing of waste tires will comply with the requirements of the Missouri Solid Waste Management Law and Rules. I understand in the event of any false or fraudulent information in the application or of failure to operate in compliance with the applicable laws and rules, the permit may be revoked after due notice from the Missouri Department of Natural Resources.

SIGNATURE (APPLICANT OR AUTHORIZED REPRESENTATIVE)

DATE

PRINT NAME AND TITLE