



CITY OF CLEVELAND
Mayor Justin M. Bibb

**Instruction Sheet
for
Tire Disposal Registration &
Acknowledgement**

City of Cleveland
Division of Assessments and Licenses
601 Lakeside Avenue, Room 122
Cleveland, Ohio 44114

Phone: (216) 664-2264

Hours of Operation:
8:00 a.m. to 4:30 p.m. Weekdays

DALLicenses@clevelandohio.gov

Before completing and submitting your application to our office, please read all materials and information included. If you have any questions, please contact our office at (216) 664-2264 BEFORE YOU APPLY.

A Tire Disposal Registration is required annually for any person or entity that **disposes of MORE THAN five (5)** automobile, truck, motorcycle or bicycle tires in any one (1) calendar month in any one (1) year.

OR

An Acknowledgement is required annually for any person or entity that **disposes of LESS THAN five (5)** automobile, truck, motorcycle or bicycle tires in any one (1) calendar month in any one (1) year.

Please note that any person, firm, or corporation that engages in the act of hauling waste tires must be licensed as a Private Waste Hauler in accordance to Section 551.19 of Codified Ordinances of the City of Cleveland. This is a separate application and fee.

This is an annual registration and acknowledgement that expires on August 1st.

City of Cleveland Codified Ordinance, Chapter 551 Waste Collection and Disposal.

WARNING: Knowingly making a false or fraudulent application constitutes grounds for denial, suspension or revocation.

City of Cleveland employees may not provide legal advice to the public. The information provided is for informational purposes only and is not legal advice. For questions regarding the application of a city ordinance or regulation, you should consult an attorney regarding your specific situation.

You may apply for this registration or submit your acknowledgement in person, on-line or by mail:

In Person:

1. Gather all supporting documentation that must be submitted along with the application (see *What to bring or submit to the Division of Assessments & Licenses Section* below).
2. Complete the application in its entirety and sign (print legibly using blue or black ink).
3. Visit our office located at the address in the top right-hand corner between the hours of 8:00 a.m. and 4:00 p.m., Monday through Friday.
4. Bring the correct fee as listed below. Acceptable forms of payment are money orders, checks, debit/credit cards and cash.

On-Line:

1. Gather all supporting documentation that must be submitted along with the application (see *What to bring or submit to the Division of Assessments & Licenses Section* below).
2. Go to <https://ca.permitcleveland.org/public/Default.aspx>, and follow the instructions on Attachment A.
3. Be prepared to submit the applicable fee as listed below. Acceptable forms of payment are electronic check and debit/credit cards

By Mail:

1. Gather all supporting documentation that must be submitted along with the application (see *What to bring or submit to the Division of Assessments & Licenses Section* below).
2. Make copies of all documentation.
3. Complete the enclosed application in its entirety and sign (print legibly using blue or black ink)
4. Mail the completed application, supporting documentation and applicable fee as listed below to the Division of Assessments and Licenses at the address listed above in the top right-hand corner. Acceptable forms of payment for mailed applications are Money Orders and Checks (DO NOT SEND CASH OR CREDIT CARD INFORMATION IN THE MAIL).



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What to bring or submit to the Division of Assessments and Licenses:

A. Registration requires the following:

- 1) Completed and signed application.
- 2) Copy of the current disposal contract **or** receipt issued within the last ninety (90) days between your company and the tire disposal entity that disposes of your tires. The contract or receipt should reference the Ohio EPA scrap tire transporter registration number.
- 3) Fee of \$100.00. This fee is non-refundable. Make checks and money orders payable to the City of Cleveland.

OR

B. Acknowledgement requires the following:

- 1) Completed and signed application - **Complete ALL Sections except F.**
- 2) Completed and notarized acknowledgment statement.
- 3) There is no fee associated with Certificate of Acknowledgement.

PLEASE NOTE THE FOLLOWING:

Under City of Cleveland Codified Ordinance Chapter §551.38(b), persons and/or entities that **disposes of MORE THAN five (5)** automobile, truck, motorcycle or bicycle tires in any one (1) calendar month in any one (1) year must report tire disposal activity to the Department of Public Health, Commissioner of Environment by submitting a monthly tire disposal report on a form approved by the Commissioner of Environment.



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Tire Disposal Registration Application

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Cleveland Department of Public Health
Division of Environment
75 Erieview Plaza, Cleveland, Ohio 44114-2080

Date:	Registration Fee: \$100.00: Non-Refundable
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SECTION A - APPLICATION TYPE (SELECT ONLY ONE)

- Registration** – For the disposal of **more than five (5)** tires in any one (1) calendar month in any one (1) year.
- Acknowledgement** – For the disposal of **five (5) or less** tires in any one (1) calendar month in any one (1) year. **Complete ALL Sections *except* F. No fee is required.**

SECTION B - TYPE OF BUSINESS – CHECK ALL THAT APPLY

- | | | |
|----------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> RETAIL TIRE DEALER | <input type="checkbox"/> MOTOR VEHICLE REPAIR GARAGE
CITY LICENSE # _____ | <input type="checkbox"/> JUNKYARD
CITY LICENSE # _____ |
| <input type="checkbox"/> CAR DEALERSHIP | <input type="checkbox"/> MOTOR VEHICLE SALVAGE
STATE LICENSE # _____ | <input type="checkbox"/> OTHER (SPECIFY) _____ |
| | <input type="checkbox"/> SECOND HAND DEALER
CITY LICENSE # _____ | |

SECTION C - BUSINESS INFORMATION

Name:			
DBA / Alias:		State Incorporated:	
Address:			
City:		State:	Zip:
Telephone:		Email:	
Federal ID Number:			
Property Parcel Number:			
Police District:		Ward:	

SECTION D - APPLICANT INFORMATION

Name:		Title:	
Address:			
City:		State:	Zip:
Telephone:		Email:	



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Cleveland Department of Public Health
Division of Environment
75 Erieview Plaza, Cleveland, Ohio 44114-2080

SECTION E - ADDITIONAL LOCATIONS – LIST OTHER BUSINESS ADDRESSES OPERATED UNDER THE SAME BUSINESS NAME. Attach an additional sheet if necessary.

Address:	City:	State:	Zip:
Ward:	Permit Parcel Number:		
Address:	City:	State:	Zip:
Ward:	Permit Parcel Number:		
Address:	City:	State:	Zip:
Ward:	Permit Parcel Number:		

SECTION F - QUESTIONNAIRE (COMPLETE ONLY FOR REGISTRATIONS)

What is the maximum number of tires you can store at your site?
 Describe the location where the tires will be stored until disposal:
 What is your method of used-tire disposal?
 Private Waste Hauler Local Waste Disposal Facility

List the Private Waste Hauler or Local Waste Disposal Facility Business Information:

Business Name:			
Address:	City:	State:	Zip:
Phone:	Contact Person:		

****ATTACH A COPY OF THE CURRENT DISPOSAL CONTRACT OR RECEIPT ISSUED WITHIN THE LAST 90 DAYS****

If a tire disposal entity does not dispose of your tires, explain your disposal method(s):

SECTION G - DECLARATION

I hereby acknowledge that I have read and understand City of Cleveland Codified Ordinance §551.19 (Licensing of Private Vehicles for Hauling Waste), §551.38 (Disposal of Used Tires; Reporting) and §551.99 (Penalty). I declare under penalty of perjury that the above information is true and correct. I understand that if this information is found to be fraudulent, the registration/acknowledgement license/permit issued in association with this statement will be revoked.

SIGNATURE OF APPLICANT



CITY OF CLEVELAND
Mayor Justin M. Bibb

Tire Disposal Acknowledgement (No Fee Required)

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Cleveland Department of Public Health
Division of Environment
75 Erieview Plaza, Cleveland, Ohio 44114-2080

Date:		
To: Dedrick C. Stephens, Commissioner Division of Assessments and Licenses		
From:		
Name of Individual or Corporation:		
Address:		
City:	State:	Zip:
Telephone:	Email:	
<p>I _____, (Name of Affiant) being the _____ (Position), do hereby swear, that as of _____ (date), I do not dispose of more than five (5) automobile, truck, motorcycle, or bicycle tires in any one (1) calendar month in any one (1) year. In the event that I accept more than five (5) tires for disposal in any one (1) calendar month in any one (1) year, that I will make application for the above mentioned registration under this Section.</p>		
Affiant Signature:		Date:
Witness Signature:		Date: