



DEPARTMENT OF ENVIRONMENTAL RESOURCES

3800 Cornucopia Way, Suite C Modesto, CA 95358-9494

Phone: 209.525.6700 Fax: 209.525.6774

FOOD PROCESSING BY-PRODUCT USE PERMIT OR HAULER PERMIT FEES, BOND, INSURANCE & INSPECTIONS Stanislaus County Code, Title 9

A permit is required of anyone in the business of collecting, transporting or using food processing by-products or refuse in the unincorporated areas of the county. A person proposing one or more of these activities shall submit an application annually to this department along with the following:

FEES

- * Permit Fee: Do not send at this time. The Department will request payment for the permit application fee at permit issuance. The fee is based on a weighted labor rate for staff time spent on processing the application, reviewing the plan of operation, etc.
- * Food processing by-product site permit holders will receive a monthly bill for inspections performed during the cannery season. During the off-season, sites that continue to receive by-products will be billed on a quarterly basis for routine site inspections. The monitoring fee for inspections, program administration, and travel time is currently \$40.87 per hour and subject to change without prior notice.

BOND

- * Each permit holder must submit and keep in place a current cash bond, certificate of deposit, irrevocable letter of credit, or a faithful performance bond in favor of the County of Stanislaus. The Department will determine the amount required. If submitting a faithful performance bond, please complete the enclosed performance bond form. For more information on meeting this requirement, contact the Department.

INSURANCE

- * Provide certificate of current insurance policy for each vehicle and site, containing the state required minimum coverage limits, or higher, for liability and property damage, extending through the permit period. Vehicle license numbers shall be indicated on the forms.
- * Worker's Compensation coverage verification is also required if you employ anyone in addition to yourself. If you are exempt, a Worker's Compensation Exemption Form is included for you to fill out and return.
- * General liability endorsements with additional insured for county employees on their premises and workers compensation subrogation endorsements for county employees on their premises.

INSPECTION

- * This department will perform routine inspections regularly.
- * Vehicles that collect and/or transport refuse or food processing by-products must be inspected annually and an identification sticker issued to complete the permitting procedure. Verification of an inspection is required at time of permit renewal. Please contact our office if you have any question.



PERMIT APPLICATION

FOR RENEWAL OF PERMIT TO USE FOOD PROCESSING BY-PRODUCTS
REF: STANISLAUS COUNTY CODE, TITLE 9, CHAPTER 9.88

Please complete all applicable questions. (IF ADDITIONAL SPACE IS NEEDED TO COMPLETE ANSWERS, USE THE SPACE PROVIDED ON PAGE 2.)

1. Address of site(s) _____

2. Name of applicant(s) _____
E-mail _____ Phone _____ Fax _____
3. Home and business address _____
4. Mailing address (if different than above) _____
5. Trade and/or firm name(s) _____
6. If the applicant is not an individual, the name and address of the applicant's agent who is authorized to receive notice of actions pertaining to the proposal:

I UNDERSTAND AND AGREE TO COMPLY WITH ALL PROVISIONS OF THE STANISLAUS COUNTY CODE, TITLE 9, CHAPTER 9.88 AND TO OPERATE MY SITE(S) IN CONFORMANCE WITH THE CURRENT PLAN OF OPERATION ON FILE WITH THE DEPARTMENT OF ENVIRONMENTAL RESOURCES UNDER THE CURRENT FOOD PROCESSING BY-PRODUCT PROGRAM. FURTHERMORE I HAVE THE ABILITY TO COMPLY WITH ALL LAWS REGULATING BUSINESSES IN THE STATE OF CALIFORNIA FOR THE TERM OF THE PERMIT. I CERTIFY UNDER PENALTY OF PERJURY THAT ALL INFORMATION, STATEMENTS AND REPRESENTATIONS SET FORTH IN THE APPLICATION ARE TRUE AND CORRECT.

SIGNATURE

TITLE

DATE

SIGNATURE

TITLE

DATE

Additional Information:



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FOOD PROCESSING BY-PRODUCT USE SITE PROPOSED AMENDMENT

MEMO TO: DEPARTMENT OF ENVIRONMENTAL RESOURCES
SOLID WASTE MANAGEMENT DIVISION

FROM: _____
(Site Name/Site Operator)

(Address)

I would like to amend my Plan of Operation and, if necessary, my Permit Conditions so that I may receive food processing by-product(s) from:

(Processor) _____
(Address)

The specific type of by-product(s) is/are _____.

How will by-product(s) be ultimately utilized? Direct Feed ____; Land Application ____; Dehydration ____

The by-product(s) will be transported in watertight containers by _____.
(Hauler Name and Company)

My daily tonnage for the by-product(s) will not exceed _____ tons.

My yearly tonnage for the by-product(s) will not exceed _____ tons.

This is a change of _____ tons per day from my current level.

I understand that any increase in tonnage may require more information be provided to the Department upon request.

(Site Operator Printed Name)

(Site Operator Signature, Date)

An updated list of current food processors, haulers, by-product types, daily tonnages, seasonal/yearly tonnages, and truckloads of by-product delivered per day should accompany this proposed amendment as outlined on the Current Status form. **Information submitted shall include names, addresses, phone numbers, and contact persons for food processors and haulers.** Refer to the Regulations for the Use of Food Processing By-products in Stanislaus County by Permitted Use Sites, Section 4 (12, 13, 14, 15, and 16).

FOOD PROCESSING BY-PRODUCT USE SITE CURRENT STATUS

Site Name/Site Operator and Address: _____

Date: _____

| | Specific By-product Type | Food Processor | Hauler | Truckload # Per Day | Daily Tonnage | Seasonal /Yearly Tonnage |
|----|--------------------------------|----------------|--------|------------------------|------------------|--------------------------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |

Total Daily Tonnage for the site: _____

Total Seasonal/Yearly Tonnage for the site: _____

Total Number of Truckloads Delivered Per Day to the site: _____

Provide additional pages if needed.

THIS FORM DOES NOT REPLACE THE PLAN OF OPERATION. ALL INFORMATION LISTED ON THIS FORM SHALL BE FROM THE PLAN OF OPERATION AND APPROVED PROPOSED AMENDMENTS AS A QUICK REFERENCE OF CURRENT SITE ACTIVITIES.



DEPARTMENT OF ENVIRONMENTAL RESOURCES

PERFORMANCE BOND
DIRECT FEED FACILITY

Bond Number _____

The premium for this bond is \$_____ payable in advance and subject to adjustment at current annual rates.

KNOW ALL MEN BY THESE PRESENTS: That we, as Principal, and a corporation organized under the laws of the State of _____ and duly authorized under the laws of the State of _____ to become sole surety on bonds and undertaking as Surety, are held and firmly bound unto

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as Obligee in the full and just sum of **Two Thousand Five Hundred Dollars (\$ 2,500)**, lawful money of the United States of America to be paid to the said Obligee, successors or assigns; for which payment, well and truly to be made, we bind ourselves, our heirs, executors, successors, administrators and assigns, jointly and severally, firmly by these presents.

The condition of the above Obligation is such that the Principal has been awarded a permit to engage in the business of collecting, transporting, disposing, processing, or using refuse, or a combination of these functions, in the COUNTY OF STANISLAUS, and the above principal has agreed and is obligated to perform such business in conformity with the provisions of such permit, the Ordinance Code of STANISLAUS COUNTY and the rules and regulations of the STANISLAUS COUNTY DEPARTMENT OF ENVIRONMENTAL RESOURCES.

Now, therefore, if the above Principal shall well and faithfully perform each and all of the requirements and conditions of such permit, ordinances, and regulations then this obligation is void; otherwise to remain in full force and effect.

This bond may be canceled by giving thirty (30) days written notice to the Obligee, the Surety, however will remain liable for any subsequent default in payment of fees incurred during the period up to the expiration of thirty (30) days notice.

No right of action shall accrue under this bond to or for the use of any persons other than the Obligee named herein.

Sealed with our seals and dates this _____ day of _____, _____.

Principal

Surety

By Attorney-in-fact



DEPARTMENT OF ENVIRONMENTAL RESOURCES

PERFORMANCE BOND
LAND APPLICATION SITE

Bond Number _____

The premium for this bond is \$ _____
payable in advance and subject to adjustment at
current annual rates.

KNOW ALL MEN BY THESE PRESENTS: That we, as Principal, and a corporation organized under the laws of the State of _____ and duly authorized under the laws of the State of _____ to become sole surety on bonds and undertaking as Surety, are held and firmly bound unto

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as Obligee in the full and just sum of **Ten Thousand Dollars (\$ 10,000)**, lawful money of the United States of America to be paid to the said Obligee, successors or assigns; for which payment, well and truly to be made, we bind ourselves, our heirs, executors, successors, administrators and assigns, jointly and severally, firmly by these presents.

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No right of action shall accrue under this bond to or for the use of any persons other than the Obligee named herein.

Sealed with our seals and dates this _____ day of _____, _____.

Principal

Surety

By Attorney-in-fact



DEPARTMENT OF ENVIRONMENTAL RESOURCES

PERFORMANCE BOND
DEHYDRATION SITE

Bond Number _____

The premium for this bond is \$_____ payable in advance and subject to adjustment at current annual rates.

KNOW ALL MEN BY THESE PRESENTS: That we, as Principal, and a corporation organized under the laws of the State of _____ and duly authorized under the laws of the State of _____ to become sole surety on bonds and undertaking as Surety, are held and firmly bound unto

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WORKER'S COMPENSATION EXEMPTION DECLARATION

I, _____

DBA: _____

certify that in the performance of the work for which this permit
is issued, I shall not employ any person in any manner so as to
become subject to the Worker's Compensation laws of California.

Date: _____

Applicant: _____

Signature

Notice to Applicant: If, after making this Certificate of Exemption, you should become subject to the Worker's Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.