



Solid Waste and Compliance, 280 South Decatur Boulevard, Las Vegas, NV 89107 – (702) 759-0600, option 7

Restricted Waste Application

Type or print clearly - Incomplete Applications can be denied

I. Facility Information:			
Name of Facility:			
Owner of Facility:		Phone #:	
Contact Person at Location: (Name and Phone Number):	Email:	Fax:	
Hours of Operation:			
SNHD Permit Number (if applicable):		EPA ID Number (if applicable):	
Generator Status : <input type="checkbox"/> CESQG <input type="checkbox"/> SQG <input type="checkbox"/> LQG <input type="checkbox"/> Unknown			
Billing to be sent to : (Check one) Facility Address <input type="checkbox"/> Other Address <input type="checkbox"/> (please fill out billing address below)			
Billing Address			
Street No:	Dir: (check) North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/>		
Street Name:	Street Type: Ave <input type="checkbox"/> Dr <input type="checkbox"/> St <input type="checkbox"/> Blvd <input type="checkbox"/> Rd <input type="checkbox"/> Ln <input type="checkbox"/> Other (specify)		
City:	State:	Zip Code:	
Billing Contact:			
II. Physical Address of Facility Generating Restricted Waste :			
Street No:	Dir: (check) North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/>		
Street Name:	Street Type:		
City:	State: Nevada	Zip Code:	
Phone Number at Location:		Contact:	
Additional space for address: (Note if inside of casino, strip mall, etc):			
III. Owner Information (List Corporation, LLC, Partnership, or Sole Proprietor Name):			
Owner Name:		(Check one)	
Authorized facility representative:		Sole Prop <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/>	
Owner Address:			
Street No:	Dir: (check) North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/>		
Street Name:	Street type:		

City:	State:	Zip:
Phone #:	Alternate Phone #:	
Additional information:		
IV. Applicant (Authorized Representative)		
The applicant acknowledges that they are responsible for the proper storage, disposal and safe operation of all Restricted Waste generated at the facility named herein, and agrees to operate such facility in accordance with all laws and regulations pertaining thereto. A copy of applicable regulations can be found at https://www.southernnevadahealthdistrict.org/solid-waste/regulations .		
Print name and job title:		
Signature		Date:

PLEASE NOTE THAT THE ACCEPTANCE OF THIS APPLICATION, BY SOUTHERN NEVADA HEALTH DISTRICT, DOES NOT CONSTITUTE APPROVAL. APPLICATIONS CAN BE SUBMITTED BY MAIL, EMAIL OR FAX.

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