



### APPLICATION FOR REFUSE COLLECTOR LICENSE

Pursuant to San Francisco Health Code Article 6, §290, *It shall be unlawful for any person, firm, or corporation, other than a refuse collector licensed by the Director of Public Health as in the ordinance provided, to transport through the streets of the City and County of San Francisco any refuse as in this ordinance defined, or to collect or to dispose of the same, except wastepaper, or other refuse having a commercial value.*

New Refuse Collector Application     Existing Licensed Refuse Collector Information Update

|   |                      |   |
|---|----------------------|---|
| DATE:   | DBA (Business Name): | SF BUSINESS REGISTRATION CERTIFICATE (BAN): |
| BUSINESS ADDRESS:   |                      |   |
| MAILING ADDRESS (If different):   |                      |   |
| BUSINESS PHONE NUMBER:  |                      | BUSINESS EMAIL:                             |
| OWNERSHIP NAME (Business Trade Name as it appears on SF Business Registration Certificate):   |                      |   |
| TYPE OF OWNERSHIP (Check one): <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LP |                      |   |
| LIST OF BUSINESS OWNER(S) AND/OR OFFICER(S)   |                      |   |

**FOR INFORMATION UPDATE TO EXISTING LICENSED REFUSE COLLECTOR INFORMATION**

|   |  |
|---|--|
| DPH Refuse Collector License #: _____<br><input type="checkbox"/> Change of Contact Information<br>New Information: _____ | <input type="checkbox"/> Permanently Out of Business<br>Date Out of Business: _____<br><input type="checkbox"/> Other: _____ |
|---|--|

**LICENSE REQUIREMENTS (PROVIDE SEPARATE DOCUMENTS)**

|  |   |
|--|---|
| <input type="checkbox"/> Application for Refuse Collector License <ul style="list-style-type: none"> <li>▪ <a href="#">Fees</a> (Applicable for New Refuse Collector <b>Only</b>)</li> <li>▪ Business Registration Certificate or Equivalent</li> <li>▪ Declaration for Healthy &amp; Safe Working Conditions</li> <li>▪ Worker's Compensation Declaration for Regulated Businesses</li> </ul> | <input type="checkbox"/> Five (5) Letters of Recommendations or References<br><input type="checkbox"/> Resumes of Key Managers<br><input type="checkbox"/> History, Description, and Outcome of an Applicant's Criminal, Civil, and Administrative Violations in the Past Ten (10) Years<br><input type="checkbox"/> Descriptive Statement of the Manner in which Refuse Services are provided in Services Areas in a City, City and County, or County<br><input type="checkbox"/> History, description, and outcome of Applicant's denial, suspension, or revocation of refuse collector license |
|--|---|

The undersigned hereby applies for a Refuse Collector License and agrees to operate in accordance with all applicable federal, state and local regulations, laws, and such inspection procedures needed to ensure compliance. Payment of the required fee and late penalties, if any, to secure a valid license is required before commencing or continuing operations. Failure to do so may result in a misdemeanor citation, infractions, suspension/revocation proceedings, and/or closure. Notify San Francisco Department of Public Health of any changes in the type of business activity, name, mailing address, or ownership.

**SIGNATURE(S) OF ALL OWNER(S) AND OFFICER(S):**

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_

**FOR OFFICE USE ONLY**

|   |  |                     |
|---|--|---------------------|
| Total Amount Paid: \$ _____   | Check #: _____   | Receipt #: _____    |
| Type of Fees Paid: <input type="checkbox"/> Application for Refuse Collector License <input type="checkbox"/> Other |  |                     |
| I recommend:  | <input type="checkbox"/> issuance or <input type="checkbox"/> denial of the Refuse Collector License |                     |
| <b>Special Notes:</b>   |  |                     |
| Inspector   | Date   | Principal Inspector |
| Date Received   | Census Tract   | BAN#                |
| Permit #  | Type of Permit/Classification/Limitations  | Date                |
| Location ID   |  |                     |



**Declaration of Healthy and Safe Working Conditions**  
**Declaración de Condiciones de Trabajo Sanas Y Seguras**  
**健康及安全工作條件聲明**  
**Deklarasyon ng Mabuti at Ligtas na Kondisyon sa Trabaho**

The Department of Public Health is responsible for ensuring healthy and safe conditions for those working and living in San Francisco. Establishments permitted by the Department must remain compliant with all laws.

*El Departamento de Salud es responsable de asegurar condiciones saludables y seguras para las personas que trabajan y viven en San Francisco. Establecimientos permitidos por el Departamento deben cumplir con todas las leyes.*

衛生署是負責確保於三藩市工作及居住的人士有一健康和安全的環境。從衛生署取得許可營運的設施/場所必須保持遵守所有法律。

Ang Kagawaran ng Pamublikong Kalusugan ay may pananagutan para sa pagtiyak ng mabuti at ligtas na mga kondisyon para sa mga nagtatrabaho at naninirahan sa San Francisco. Ang mga establisyemento na pinahihintulutan ng Kagawaran ay dapat manatiling sumusunod sa lahat ng mga batas.

|                       |                                   |
|-----------------------|-----------------------------------|
| Owner/Operator:       | _____                             |
| DBA/Name of Business: | _____                             |
| Business Address:     | _____ San Francisco, CA 941 _____ |

**翻譯及你的簽署聲明在本頁後面。**

*¡Ojo! La traducción y firma de su declaración se encuentra en la parte posterior de esta página.*

**Ang pagsasalin at paglagda ng iyong deklarasyon ay nasa likod ng pahinang ito.**

|   |  |  |
|---|--|--|
| 1. I understand that this business must comply with all local, state, and federal labor laws in order to obtain and maintain a valid Permit To Operate from the Department. I affirm that as an operator of the above business, I am aware of and agree to comply with the following laws when applicable to my business: |  |  |
| • San Francisco Labor Codes   |  | <input type="radio"/> Yes <input type="radio"/> No |
| • California Labor Code Division 4—Have and maintain Workers Compensation Insurance or be self-insured)   |  | <input type="radio"/> Yes <input type="radio"/> No |
| • California Labor Code Division 2—Employment Regulation and Supervision  |  | <input type="radio"/> Yes <input type="radio"/> No |
| • California Labor Code Division 5—Occupational Health and Safety   |  | <input type="radio"/> Yes <input type="radio"/> No |
| • All other federal, state, and local labor codes   |  | <input type="radio"/> Yes <input type="radio"/> No |
| 2. I will request my provider of Workers Compensation Insurance to designate as a “Certificate Holder” the SF Environmental Health Branch at 49 South Van Ness Ave, #600, San Francisco, CA 94103.  |  | <input type="radio"/> Yes <input type="radio"/> No |

I am the owner or authorized agent of the owner of this business. I declare under penalty of perjury that the information on this Declaration of Healthy and Safe Working Conditions is true and correct.

|            |           |      |
|------------|-----------|------|
| Print Name | Signature | Date |
|------------|-----------|------|

**I acknowledge that failure to comply with all applicable federal, state, and local labor laws may result in suspension or revocation of my Permit To Operate issued by the San Francisco Department of Public Health or a referral to the applicable federal, state, or local agency for enforcement.**

|            |           |      |
|------------|-----------|------|
| Print Name | Signature | Date |
|------------|-----------|------|

1. 為了獲得與保持公共衛生署發出的有效營運許可証，我明白此設施/場所必須遵守全部本地、州、和聯邦政府的勞工法例。我申明作為上述設施/場所的營運商，我了解並同意遵守以下的法例：

- 三藩市勞工法 會 不會
- 加州勞工法第4部分 - 具備維護工人賠償保險或自我保險 會 不會
- 加州勞工法第2部分 - 就業監管與監督 會 不會
- 加州勞工法第5部分 - 職業健康及安全 會 不會
- 所有其它的聯邦、州、和本地勞工法 會 不會

2. 我將會要求我的工人賠償保險提供者指定位於49 South Van Ness Ave, #600, San Francisco, CA 94103 的三藩市環境衛生部 (SF Environmental Health Branch) 為“證書持有者”。 會 不會

本人是本企業的擁有者或其授權代理人。在會觸及偽證處罰情況下，本人聲明本健康及安全工作條件聲明中的資訊均是真實與正確。

以正楷英文清楚寫上姓名

簽名

日期

**我確知如不遵守所有實施的聯邦、州、及本地勞工法例會導致三藩市公共衛生署簽發給我的營運許可証被中止或撤銷或我會被轉介到相關的聯邦、州、或本地執法機構。**

清楚寫上姓名

簽名

日期

1. Yo entiendo que este negocio debe cumplir con todas las leyes laborales locales, estatales y federales con el fin de obtener y mantener un Permiso Para Operar válido del Departamento de Salud Pública. Yo afirmo que como operador del negocio mencionado arriba, estoy consciente de y acepto cumplir con las siguientes leyes, cuando si aplicable a mi negocio:

- Ordenanzas laborales de San Francisco  Sí  No
- División 4 del Código Laboral de California -Tener y mantener Seguro de Compensación de Trabajadores o tener su propio seguro)  Sí  No
- División 2 del Código Laboral de California - Regulación y Supervisión del Empleo  Sí  No
- División 5 del Código Laboral de California - Salud y Seguridad Ocupacional  Sí  No
- Todos los demás códigos laborales federales, estatales y locales  Sí  No

2. Solicitaré a mi proveedor de Seguro de Compensación del Trabajador que designe como "Titular de Certificado" la Subdivisión de Salud Ambiental de SF en el 49 South Van Ness Ave, #600, San Francisco, CA 94103  Sí  No

Soy el propietario o un representante autorizado del propietario de este negocio. Declaro bajo pena de perjurio que la información en esta Declaración de Condiciones Trabajo Saludables y Seguras es verdadera y correcta.

Escribir Nombre

Firma

Fecha

**Yo reconozco que incumplimiento de todas las leyes laborales federales, estatales y locales puede resultar en la suspensión o revocación de mi Permiso Para Operar emitido por el Departamento de Salud Pública de San Francisco o ser referido a la agencia federal, estatal, o local aplicable para hacer cumplir la ley.**

Escribir Nombre

Firma

Fecha

1. Nauunawaan ko na itong negosyo ay dapat sumunod sa lahat ng lokal, estado, at pederal na batas sa paggawa upang makakuha ng at mapanatili ang isang may-bisang permiso na mangasiwa mula sa Kagawaran. Pinagtitibay ko na bilang isang tagapangasiwa ng negosyong ito, nababatid at sinasang-ayunan ko ang mga sumusunod na batas kung naaangkop sa aking negosyo

- San Francisco Labor Codes  Oo  Hindi
- California Labor Code Division 4—Magkaroon at magpanatili ng Workers Compensation Insurance o self-insurance.  Oo  Hindi
- California Labor Code Division 2—Regulasyon ng trabaho at pangangasiwa  Oo  Hindi
- California Labor Code Division 5—Kalusugan at kaligtasan sa trabaho  Oo  Hindi
- Lahat ng iba pang mga pederal, estado at lokal na batas sa paggawa  Oo  Hindi

2. Ako ay hihiling sa aking tagalaan ng Workers Compensation Insurance upang maitalaga bilang isang "Certificate Holder" ang SF Environmental Health Branch sa 49 South Van Ness Ave, #600, San Francisco, CA 94103  Oo  Hindi

Ako ang may-ari o ang awtorisadong ahente ng may-ari ng negosyong ito. Idinedeklara ko sa ilalim ng parusa sa panunumpa nang walang katotohanan na totoo at tama ang impormasyon sa Deklarasyon ng Mabuti at Ligtas na Kondisyon sa Trabaho na ito.

Pangalan

Lagda

Petsa

**Tinatanggap ko na ang hindi pagsunod sa lahat ng mga pederal, estado, at lokal na batas sa paggawa ay maaaring magdulot ng suspensyon o pagbawi ng aking permiso na mangasiwa na ibinigay ng Kagawaran ng Pamublikong Kalusugan ng San Francisco, o isang pagsangguni sa angkop na pederal, estado, o lokal na ahensiya para sa pagpapatupad.**

Pangalan

Lagda

Petsa



## Labor Law Checklist For San Francisco Business Owners

AS A SMALL BUSINESS OWNER, YOU ARE RESPONSIBLE FOR COMPLYING WITH FEDERAL, STATE, AND LOCAL LABOR LAWS.

THIS CHECKLIST IS FOR YOUR USE AND DOES NOT NEED TO BE SUBMITTED. IT WILL HELP YOU COMPLY WITH THE MOST IMPORTANT SAN FRANCISCO AND CALIFORNIA LABOR LAWS. IT IS NOT A COMPLETE LIST, AND IT IS NOT INTENDED AS LEGAL ADVICE. CONTACT THE LABOR LAW AGENCIES LISTED AT THE END OF THIS CHECKLIST FOR DETAILED INFORMATION.

### WAGES

- 1. Pay all workers the *San Francisco* Minimum Wage, which adjusts annually. Maintain time and payroll records.
- 2. Pay overtime pay of 1.5 times for hours over 8 per day or 40 per week.
- 3. Pay all wages within legal timeframe when employees terminate their employment.
- 4. Display posters about wages, unemployment, and pay day.

### REST BREAKS

- 5. Provide 10 minutes of paid break for every 4 hours worked.
- 6. Provide 30 minutes of uninterrupted unpaid break for every 5 hours worked.

### HEALTH BENEFITS

- 7. Provide 1 hour of paid sick leave for every 30 hours worked.
- 8. Contribute towards health care if you have more than 20 employees.
- 9. Provide up to 12 weeks of unpaid medical leave if you have more than 50 employees.
- 10. Purchase workers compensation insurance for all employees.
- 11. Deduct disability insurance.
- 12. Display posters about sick pay and workers compensation benefits.

### YOUNG WORKERS

- 13. Ask for work permits if under 18.
- 14. Schedule them to work not too many hours or too early or late in the day.
- 15. Assign teens low-risk job tasks.

### SAFETY AND HEALTH PROTECTION

- 16. Prepare and implement an Injury and Illness Prevention Program.
- 17. Identify and correct unsafe and hazardous conditions.
- 18. Establish safe working procedures.
- 19. Provide and maintain all safety tools and equipment that employees need.
- 20. Make available to employees a Material Safety Data Sheets for each chemical used.
- 21. Provide training on hazards, safe operating procedures, and the use of safety equipment. Use visual aids (signs, labels, posters) to reinforce training.
- 22. Keep 3 feet clearance (no storage) in front of electrical panels. Replace damaged electrical cords. Replace missing covers of electrical boxes.
- 23. Inspect first aid kits regularly, replenish materials as needed.
- 24. Keep aisles and exit route clear of obstructions. Keep floors clean and dry or supply mats. Clean up spills immediately.
- 25. Report serious injury, illness, or death to Cal-OSHA immediately.
- 26. Keep records of injuries and illnesses as well as insurance claims related to work place injuries. If using a Log 300, records workplace injuries and illnesses on the log.
- 27. Provide medical exams if required by law and provide employees access to their medical records and results of workplace chemical exposure records.
- 28. Post Cal-OSHA Safety & Health Protection on the Job poster.

OTHER GENERAL RESPONSIBILITIES

- 29. Provide equal employment opportunities regardless of race, color, religion, sex, or national origin, disabilities, marital status, or age.
- 30. Prohibit sexual harassment or other types of harassment towards employees who have refused to do unsafe work or have made a complaint to a labor law enforcement agency.
- 31. Allow workers to organize and form a union.

WHERE TO GET MORE INFORMATION

| Item # | Agency      |
|--------|-------------|
| 1      | SF-OSLE     |
| 2      | CA-DLSE     |
| 3      | CA- DLSE    |
| 4      | SF-OSLE     |
| 5      | CA- DLSE    |
| 6      | CA- DLSE    |
| 7      | SF-OSLE     |
| 8      | SF-OSLE     |
| 9      | FEH         |
| 10     | WC          |
| 11     | EDD         |
| 12     | WC, SF-OSLE |
| 13     | CA- DLSE    |
| 14     | CA- DLSE    |
| 15     | CA- DLSE    |
| 16     | Cal-OSHA    |
| 17     | Cal-OSHA    |
| 18     | Cal-OSHA    |
| 19     | Cal-OSHA    |
| 20     | Cal-OSHA    |
| 21     | Cal-OSHA    |
| 22     | Cal-OSHA    |
| 23     | Cal-OSHA    |
| 24     | Cal-OSHA    |
| 25     | Cal-OSHA    |
| 26     | Cal-OSHA    |
| 27     | CA-OSHA     |
| 28     | Cal-OSHA    |
| 29     | FEH         |
| 30     | FEH         |
| 31     | NLRB        |

Agency List

- ➔ **(CA-DLSE)** Department of Industrial Relations  
Division of Labor Standards Enforcement  
455 Golden Gate Ave., 10<sup>th</sup> fl.  
San Francisco, CA 94102  
(415) 703-5300 [www.dir.ca.gov/dlse](http://www.dir.ca.gov/dlse)
- (Cal-OSHA)** Department of Industrial Relations  
California Occupational Safety and Health Administration  
121 Spear Street, Room 430  
San Francisco, CA 94105  
(415) 972-8670 [www.dir.ca.gov/dosh](http://www.dir.ca.gov/dosh)
- ➔ **(EDD)** Employment Development Department  
745 Franklin Street, #300  
San Francisco, CA 94102  
(800) 480-3287 [www.edd.ca.gov](http://www.edd.ca.gov)
- (FEH)** Department of Fair Employment and Housing  
2218 Kausen Dr., #100  
Elk Grove, CA 95758  
(800) 884-1684 [www.dfeh.ca.gov](http://www.dfeh.ca.gov)
- (NLRB)** National Labor Relations Board  
901 Market Street, #400  
San Francisco, CA 94103  
(415) 356-5130 [www.nlr.gov](http://www.nlr.gov)
- ➔ **(SF-OSLE)** Office of Labor Standards Enforcement  
1 Dr. Carlton B. Goodlett Place, Room 430  
San Francisco, CA 94102  
(415) 554-6271 [www.sfgov.org/olse](http://www.sfgov.org/olse)
- (WC)** Department of Industrial Relations  
Division of Workers' Compensation  
455 Golden Gate Ave., 2nd fl.  
San Francisco, CA 94102  
(415) 703-5011 [www.dir.ca.gov/dwc](http://www.dir.ca.gov/dwc)



## Workers' Compensation Declaration for Regulated Businesses

Owner/Operator: \_\_\_\_\_

DBA/Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_ SFDPH Permit Type: \_\_\_\_\_

I understand that this business must comply with the Workers' Compensation laws of the State of California to obtain and maintain a valid permit to operate from the San Francisco Department of Public Health. I hereby affirm one of the following declarations:

- I have and will maintain a **"Certificate of Consent to Self-Insure"** for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.
- I have and will maintain a **"Certificate of Insurance"** for workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

\_\_\_\_\_  
Carrier

\_\_\_\_\_  
Policy Number

- I certify that this business is **not subject to requirements of Section 3700 of the Labor Code** at this time.

I agree that if this business employs any person in any manner so as to become subject to the workers' compensation laws of the State of California and the provisions of Section 3700 of the Labor Code, I will comply with those provisions and I will provide proof of coverage as required by the San Francisco Department of Public Health.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

**Required Attachment:**      **Certificate of Insurance** from Carrier *or*  
   **Certificate of Self-Insurance** from the State.

Failure to secure workers' compensation coverage is unlawful, and shall subject an employer to criminal penalties and civil fines up to **one hundred thousand dollars (\$100,000)**, in addition to the cost of compensation, damages as provided in Section 3706 of the Labor Code, interest and attorney's fees.