

**APPENDIX 1(a)**

**APPLICATION FORM**

**WASTE DISPOSAL SERVICES LICENSE APPLICATION FORM  
FOR A WASTE DISPOSAL SERVICES LICENSE IN KOSOVO**

APPLICATION IS HERBY MADE TO THE WATER AND WASTE REGULATORY OFFICE, FOR A WASTE DISPSAL SERVICE LICENSE TO PROVIDE WASTE DISPOSAL SERVICES.. WE ACKNOWLEDGE THAT PROVIDING FALSE INFORMATION MAY RESULT IN REFUSAL OF THE SERVICE LICENSE			
<b>THIS APPLICATION MUST BE DELIVERED TO:</b>		<b>FOR OFFICIAL USE ONLY</b>	
<b>WATER AND WASTE REGULATORY OFFICE NEW ECONOMICS FACULTY BUILDING PRISHTINA, KOSOVO</b>		<b>Date Received</b>	
		<b>Date Accepted</b>	
		<b>Date Rejected</b>	
		<b>Application Fee Paid</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>PART 1 – APPLICANT IDENTIFICATION</b>			
<b>a) Name of the Applicant:</b>			
<b>b) Business address</b>			
<b>c) Telephone number</b>		<b>d) Mobile telephone number</b>	
<b>e) Fax number</b>		<b>f) Email address</b>	
<b>g) Business license</b>	Number	Name of issuing entity	
<b>PART 2 – APPLICANT GENERAL INFORMATION</b>			
<b>a) Application type</b> <i>(Check “√”only one)</i>	First time Applicant <input type="checkbox"/> Renewal <input type="checkbox"/> Change of ownership <input type="checkbox"/>		
<b>b) Applicant category</b> <i>(Check “√”only one)</i>	Publicly Owned Enterprise <input type="checkbox"/> Joint Stock Company <input type="checkbox"/> Partnership <input type="checkbox"/> Government Body      Privately Owned Enterprise <input type="checkbox"/>		
<b>c) Applicant contact person</b>	Name:	Title	
	Telephone number	Fax number	
<b>PART 3 – APPLICANT SENIOR MANAGERS</b>			
<b>a) Name of Chairman of the Supervisory Board (or Chairman of the Board)</b>	Address		
<b>b) Name of Managing Director (or General Manager)</b>	Address		
<b>c) Name of Senior Financial Officer (or equivalent)</b>	Address		
<b>(d) Name of Senior Operations Manager (or equivalent)</b>	Address		
<b>PART 4 – SHAREHOLDERS</b>			
<b>Name of shareholder</b> <i>(Use additional sheet if required)</i>		<b>Telephone Number</b>	<b>Percent of Ownership</b>
<b>PART 5 –LAND PROPERTY</b>			
<b>a) Property Owner</b> <i>(Use additional sheet if required)</i>	Name	Telephone Number	Percent of Ownership

<b>b) Property Description</b> <i>(This is the legal description of the property. Use and additional sheet if so required)</i>	Legal description of the property		
	Cadastral map sheet number		
	Cadastral grid reference		
	Topography and geological description of the property <i>(A suitable drawing showing the topography and the geology of the property shall be provided)</i>		
	Registered land use		
	<b>Mineral Rights</b>		
Are there any mineral right conflict related to the property ?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "yes", provide a description of the conflict on a separate sheet.			
<b>c) Water Bodies</b>	Waterways and wetlands <i>(Are there any waterways wetlands on the property?)</i>	No <input type="checkbox"/>	If "yes" provide a brief description
		Yes <input type="checkbox"/>	
	Underground water aquifers <i>(Are there any underground aquifers on the property?)</i>	No <input type="checkbox"/>	If "yes" provide a brief description
		Yes <input type="checkbox"/>	
	Water wells <i>(Are there any water wells or boreholes located within one kilometre of the property limit)</i>	No <input type="checkbox"/>	If "yes" provide a brief description
	Yes <input type="checkbox"/>		
Prior use of the property <i>(What was the site used for prior to use as a waste disposal site?)</i>			
Risk of flooding <i>(Are there any risk of flooding or damage to the site through landslides or floods?)</i>	No <input type="checkbox"/>	If "yes" provide a brief description	
	Yes <input type="checkbox"/>		
<b>PART 6–THE WASTE DISPOSAL FACILITY PHYSICAL DETAILS</b>			
<b>a) Name under which the facility is known</b>			
<b>b) Name of the legal owner of the facility</b>			
<b>c) Address of the facility</b>			
<b>d) Telephone number of the facility</b>		<b>e)- Mobile telephone number of the facility</b>	
<b>f) Fax number of the facility</b>		<b>g) Email address of the facility</b>	
<b>h) Surface area of the property</b>		<b>i) Surface area reserved for landfill operations</b>	
<b>j) Design daily capacity in tonnes</b>		<b>k) Design annual capacity in tonnes</b>	
<b>l) Design life expectancy in years</b>		<b>m) Total volumetric capacity</b>	
<b>n) At what stage is the facility?</b>	Planning stage	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Completed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Construction stage	Yes <input type="checkbox"/>
		Expected completion date	No <input type="checkbox"/>
<b>n) Construction permit</b>	Number	Date issued	
<b>o) Security and site access</b> <i>(Provide a description o the site access and security equipment in place at the facility. A suitable drawing showing the location must be included)</i>			

**p) Buildings and other structures**  
*(Provide a description of the various buildings on the site of the facility, their intended use, location of all roads, vehicle parking areas and security fences, location of landfill cells and drainage pipes. Suitable drawings must be provided with the application)*

**q) Planned future development**  
*(Provide a brief description of any planned future developments)*

**PART 7–THE WASTE DISPOSAL FACILITY OPERATIONS**

**a) Name of the operating entity**

**b) Experience of the Waste Disposal Facility Operator**  
*(Provide a description of the experience of the operator in the operation or management of waste disposal facilities. Use additional sheet if required.)*

**c) Organizational Structure**  
*(Provide a brief description of the organizational structure. An organizational chart is to be provided with the application)*

**d) Number of Employees**

Name of Position	Number of Employees in Position	Name of Position	Number of Employees in Position
General Manager		Truck Operators	
Waste Disposal Facilities Manager		Maintenance Mechanics	
Site Superintendent		Administration Manager	
Site Foreman		Procurement Officer	
Weighbridge Attendants		Purchasing Officer	
Signalperson		Parts Inventory Attendant	
Labourer		Customer Service Attendant	
Security Guard and atepkeepers		Secretary-Receptionist	
Heavy Equipment Operators		Others	

**e) List of Major Equipment and Machinery at the facility**

Equipment Name	Number	Equipment Name	Number
Bulldozer		Landfill Compactor	
Excavator		Front Loader	
Weighbridge		Backhoe Loader	
Tanker truck		Tipper Truck	
Skid Steer Loader		Leachate Treatment	

**f) Fire Protection**  
*(Provide a description of the contingency plan to be use in the prevention, control and management of accidental and illegal fires. Also provide details of the fire fighting training provided to the site employees and a list of the number and type of equipment available. Use an additional sheet if required)*

<b>g) Pest and Litter Control</b> <i>(Describe the measures which will be used to litter, pests, rodents and other animals at the site. Use an additional sheet if required)</i>			
<b>h) Solid Waste Reception</b> <i>(Describe the procedure by which Municipal Solid Waste is received, inspected and allowed to proceed into the facility. Use an additional sheet if required)</i>			
<b>i) Weighbridge Procedures</b> <i>(Describe the procedure used to weigh inbound and outbound waste carrying vehicles. Include information on records that will be used to maintain a register of the sites daily activity, including the amount of waste received. Use an additional sheet if required)</i>			
<b>j) Recycling</b> <i>(Describe the procedures that will be used at the site to separate waste products and facilitate recycling. Use an additional sheet if required)</i>			
<b>k) Waste Placement, Compaction and Coverage</b> <i>(Provide complete details of the waste placement, compaction and coverage operational plan including a suitable drawing. Use an additional sheet if required)</i>			
<b>PART 8—CUSTOMERS</b>			
<b>a) Name of the Customer Service Attendant</b>			
<b>b) Telephone number</b>		Mobile telephone number	Email address
<b>c) Service availability</b>		Number of days per week	Number of hours per day
		Daily starting time	Daily closing time
<b>d) Service Area</b> <i>(Provide the territorial boundaries of the area which will be serviced by the Waste Disposal Facility)</i>			
<b>e) Names of Municipalities and Villages Served</b> <i>(Use an additional sheet if required)</i>			
<b>f) Waste Collection Services Providers</b> <i>(Provide the names of the Waste Collection Services Providers that will be authorized to use the facility)</i>			

**PART 9–ENVIRONMENTAL CONSIDERATIONS**

**a) Pollution Control Measures**

*(Provide a description of the measures and equipment that will be used for the treatment and monitoring of contaminated water and leachate. Use an additional sheet if required.)*

**b) Surface Water Management**

*(Describe the plan by which uncontaminated surface water and drainage will be prevented from entering the landfill site work area. Use an additional sheet if required.)*

**c) Waste Disposal Facility Closure Plan**

*(Provide a description of the landfill site closure and aftercare procedures and measures that will be implemented once the site is no longer in use.)*

**PART 10–APPLICATION AUTORIZATION AND SIGNATURE**

**The undersigned certifies that he is a person of good standing and further certifies that he is authorized by its Supervisory Board to submit and sign this Application for a Waste Disposal Services License for and that the information contained in the application is true, accurate and correct.**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_

**I \_\_\_\_\_, affirm under the penalty of Law, that the statements and information contained within this document are true and correct.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_