

STATE OF FLORIDA DEPARTMENT OF HEALTH Operating Permit

Solid Waste

- Issued To: SWA West County Transfer Station Belle Glade 1701 State 15 Road Belle Glade, FL 33430
- Mail To: Attention: Donna Sayles Solid Waste Authority of Palm Beach County 7501 N Jog Road West Palm Beach, FL 33412

Owner: Solid Waste Authority of Palm Beach County

50-63-00066

50-BID-5083501

County: **Palm Beach** Amount Paid: \$1,050.00 Date Paid: 11/25/2020 Issued Date: 01/01/2021

Permit Expires On: 12/31/2021

Issued By: Department of Health in Palm Beach County P.O. Box 29 West Palm Beach, FL 33402-0029

(561) 837-5903

Original Customer: SWA - West County Transfer Station - Belle Glade (NON-TRANSFERABLE)

DISPLAY CERTIFICATE IN A CONSPICUOUS PLACE



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Florida Department of Health in Palm Beach County Notification of Fees Due

50-BID-5083501

Fee Amount: \$1,050.00

Previous Balance: \$0.00

Total Amount Due: \$1,050.00

Payment Due Date: 12/31/2020 or Upon Receipt

For: Miscellaneous - Solid Waste

Notice: Failure to pay by due date may result in late charges and / or enforcement action. Penalties for operating without a required permit can include fines of up to \$500 per day.

Mail To: Attention: Donna Sayles Solid Waste Authority of Palm Beach County 7501 N Jog Road West Palm Beach, FL 33412

Please verify all information below at

www.myfloridaehpermit.com and make changes as necessary.

Account Information:

Name: SWA - West County Transfer Station - Belle Glade Location: 1701 State 15 Road Belle Glade, FL 33430 Total Capacity: 0

Owner Information:

Name:Solid Waste Authority of Palm Beach CountyAddress:7501 N Jog Road(Mailing)West Palm Beach, FL 33412Home Phone:(561) 640-4000Work Phone:(640) 640-4000

Pay fee and print your license online:

www.MyFloridaEHPermit.com

Permit Number: 50-63-00066 Bill ID: 50-BID-5083501

Billing Questions or to pay by credit card call DOH-Palm Beach at: (561)837-5903 If you do not pay online, make checks payable to and mail invoice WITH payment to: Florida Department of Health in Palm Beach County Attn: Environmental Public Health Division P.O. Box 29

West Palm Beach, FL 33402-0029

[Please detach this portion and RETURN with your payment]

Signature

Date

Batch Billing ID:22285

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