



CAPE BRETON
REGIONAL MUNICIPALITY

SOLID WASTE FACILITY REGISTRATION FORM

Business Information

Business Name _____ Business Registration # _____

Civic Address _____ Town/ City _____

Province _____ Postal Code _____

Mailing address if different from above

Civic Address _____ Town/ City _____

Province _____ Postal Code _____

Contact Name _____ Telephone Number _____

Email _____ Mobile Number _____

Owner Name _____ Telephone Number _____

Business Type (check all that apply)

Commercial Waste Collection

Landscaping

Residential Waste Collection

Government

Other (Explain) _____

Vehicle Information

Licence Plate	Max Gross Wgt.	Description (Tandem, Triaxel, Trailer, Tonne, 1/2 Tonne)

Signature _____ Date _____

Please return the completed form in one the following ways:

1. Email: solidwastehotline@cbrm.ns.ca
2. Drop off in-person: Solid Waste Administration Office, 575 Grand Lake Rd, Sydney, NS
3. Mail to: Solid Waste Department
Cape Breton Regional Municipality
320 Esplanade
Sydney, NS B1P 7B9

Note: All commercially registered vehicles using CBRM Waste Management Sites will be charged applicable tipping fees.

Temporary Customer _____ Customer Number _____