

APPLICATION FOR LICENSE
SOLID WASTE COLLECTOR
CITY OF MAQUOKETA, IOWA

Date: _____

Name: _____

Address: _____

Phone: _____

I. EQUIPMENT

Provide a complete list of the number and type of collection and transportation equipment to be used.

1. _____

2. _____

3. _____

4. _____

5. _____

II. COLLECTION

Provide a description of the frequency, routes and method and collection.

III. DISPOSAL

Location of Solid Waste Disposal: _____

Method of Disposal: _____

Location of Recyclable Disposal: _____

Method of Disposal: _____

IV. INSURANCE

The collector must file and maintain with the City, evidence of satisfactory public liability insurance covering all operations. The following minimum amounts are:

Bodily Injury: \$1,000,000 per person
\$1,000,000 per occurrence

Property Damage: \$200,000

Certificate of Insurance Included? () Yes () No

V. LICENSE FEE

License Fee of \$75.00 must be paid at time application is filed.

Receipt # _____ taken by (initials) _____.

Signature of Application

* * * * *

I HEREBY CERTIFY that the above application for a Solid Waste Collector License was () approved or () denied by the Maquoketa City Council on the _____ Day of _____ 20____.

CITY OF MAQUOKETA, IOWA

City Manager