



APPLICATION FOR LICENSE SOLID WASTE COLLECTOR

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

Name: _____ Date: _____

Company Name: _____

Address: _____

Phone: _____

Email Address: _____

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

1. _____

2. _____

3. _____

4. _____

II. **COLLECTION:**

Frequency of Pick Up	Routes to Be Taken	Method of Collection

III. **DISPOSAL:**

Location of Solid Waste Disposal: _____

Method of Disposal: _____

Location of Recyclable Disposal: _____

Method of Disposal: _____

Signature of Applicant

Date

City Hall Use Only

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

Receipt # _____ taken by (initials) _____.

INSURANCE: Certificate of Insurance Included? () Yes () No

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