



COMMERCIAL REFUSE HAULER PERMIT APPLICATION

Applicant Name: _____ **Title:** _____

Company Name: _____

Local Business Address: _____

Corporate Address: _____

E-mail Address(s): _____

Office Phone: _____ **Cell:** _____ **Website (optional):** _____

- Type of services provided:** *(check all that apply)*
- Roll Off Containers Dumpsters (weekly service)
 - Curbside Trash Curbside Recycle OTHER

of Vehicles to be Permitted: _____

License Plate #	Truck #	Type	Year	Make/ Model	VIN Number	MC Permit #

*Please attach supplements for any additional vehicles.

Required submittal must be received by the city prior to the evaluation of the permit application. Permittees must additionally provide the City with written notice of intent to service commercial accounts prior to commencing service (a thirty (30) day extension period from the date of application approval shall be provided for new applicants). Permittees must comply with "conditions of permit" as specified in City Code Section 44 -7.7 throughout the twelve (12) month term of the permit. Applications for renewal of permit shall be submitted at least thirty (30) days prior to expiration of the permit.



COMMERCIAL REFUSE HAULER QUESTIONNAIRE

A. GENERAL

1. Company Name

2. Name and title of all owners, partners, general managers, and principal officers:

3. Phone numbers for all owners, partners, general managers and principal officers:

4. Business Address for all owners, partners, general managers and principal officers:

5. Permanent Business Address:

B.

EXPERIENCE & REFERENCES

6. Number of Years in Refuse Collection Business

7. Provide names, contact and telephone numbers of (2) organizations that have been provided with services from your company:

➤ Company Name

Description of services performed (including the number of units served):

\$ Value of Contract:

Date Started:

Contact & Phone Number:

Is above contract still in effect?

If not, when did it expire?

➤ Company Name

Description of services performed (including the number of units served):



\$ Value of Contract: Date Started:

Contact & Phone Number:

Is above contract still in effect?

If not, when did it expire?

C. FINANCIAL QUALIFICATIONS & INSURANCE

8. Company Management - Provide names and years with the Company:

President:

Treasurer:

Contractor Superintendent/Managing Agent (who would handle this account):

9. Yearly sales volume at location serving this contract:

For parent company, if applicable:

10. Banking References:

Bank:

Location:

Officer/Contact:

Telephone:



11. Credit References: Provide names and telephone numbers of at least (2) organizations that your company deals with on a day-to-day basis (i.e., suppliers):

Company Name:

Supplier of:

Contact & Phone Number:

Company Name:

Supplier of:

Contact & Phone Number:

D. OTHER INFORMATION

12. List any other information which may be helpful in determining your qualifications for this permit:

Authorized Signature:

Printed Name & Title:

Date: