



APPLICATION FOR COMMERCIAL GARBAGE HAULER'S LICENSE

Owners Name: _____ Phone: _____

Business Name : _____

Mailing Address: _____

If business is a corporation, partnership or non-corporate organization or joint venture:

| | Name(s): | Mailing Address(es): | Phone: |
|-----|----------|----------------------|--------|
| 1.) | _____ | _____ | _____ |
| 2.) | _____ | _____ | _____ |
| 3.) | _____ | _____ | _____ |
| 4.) | _____ | _____ | _____ |
| 5.) | _____ | _____ | _____ |

Licensing Period: January through December of each year.
License Fee: **\$100.00 per year** to expire on 12/31 of each year

Please Include the following with Application:

- 1.) Proof of registration with the Sioux Falls Health Department, allowing applicant to deposit solid waste in the Runge Landfill
- 2.) Proof of insurance according to Section 11-60 (Ordinance 509)
- 3.) Proposed rate schedule according to Section 11-61(Ordinance 509)
- 4.) The license fee in accordance with section 11-55
- 5.) Recyclable materials drop-off site and schedule
- 6.) License Fee of \$100.00

Signature: _____ Date: _____

Council Approval Date: _____

ATTEST:

Finance Officer

Mayor

SEAL: