

**APPLICATION FOR COMMERCIAL GARBAGE
HAULER'S LICENSE**

TO THE MAYOR AND CITY COUNCIL OF THE CITY OF DELL RAPIDS, SD:

APPLICANT: _____

BUSINESS
NAME: _____

MAILING
ADDRESS: _____

LICENSING PERIOD: January through December, 2014

IF APPLICANT IS A CORPORATION, PARTNERSHIP OR NON-CORPORATE ORGANIZATION OR JOINT VENTURE, NAMES OF OFFICERS AND DIRECTORS, STREET AND MAILING ADDRESSES:

NAMES	MAILING ADDRESSES
_____	_____
_____	_____
_____	_____

INCLUDE 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

LICENSE FEE: **\$100.00 per year** to expire on 12/31 of each year

APPLICANT'S
SIGNATURE _____

APPLICATION DATE _____ COUNCIL APPROVAL DATE _____

ATTEST:

MAYOR

FINANCE OFFICER

SEAL: