

Revised



For office use only:
Licensing Year:
License No.:
Date Issued:

APPLICATION FOR PRIVATE REFUSE HAULER LICENSE

Company Name

Business Address

Mailing Address

Equipment & Storage Location Address, if different

Business Owner(s)

Address Phone

Manager's Name, if different

Manager's Business Address Manager's Phone

Do you pickup trash from customers who reside outside of Saline County which is taken to the Salina Landfill?

Yes No If yes, give location(s)

Vehicles to be operated:

Table with 5 columns: YEAR, MAKE, MODEL, SERIAL NO., KS TAG NO.

The following must be with this application:

- 1. A copy of the title for each vehicle listed above.
2. Certificate of Liability Business Insurance (Business Coverage) showing the City of Salina, P.O. Box 736, Salina, KS 67402-0736 as the certificate holder.
3. Appropriate license fee

I agree to comply with all requirements of the Salina Code and regulations relating to the operation of such business. I agree to maintain liability insurance coverage on each vehicle, and any replacement or additional vehicles obtained at a minimum of \$500,000 throughout the term of this license. I agree to give any duly authorized representative of the City of Salina free access to my premises for the purpose of inspection. I agree my license may be revoked or suspended if I am found to have violated such requirements or regulations or if I have misrepresented any facts in this application.

Date Print Name Signature & Position

Amount Paid \$ _____ Date _____ Receipt No. _____ Received by _____

Zoning Certificate

This is to certify that the above described property is zoned _____ and does/does not comply with the provisions of the zoning regulations of the City of Salina for the proposed use. Approved/Disapproved.

Date

Planning Department

Approved/Disapproved

Date

City Clerk