

APPLICATION FOR LICENSE
SOLID WASTE COLLECTOR
CITY OF MAQUOKETA, IOWA

Date: _____

Name: _____

Name of Business: _____

Address: _____

Phone: _____

I. EQUIPMENT:

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

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

II. COLLECTION:

Provide a description of the frequency, routes and method of collection.

DISPOSAL

Location of Disposal: _____

Method of Disposal: _____

IV. INSURANCE

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: \$500,000 per person
\$500,000 per occurrence
Property Damage: \$100,000
Certificate of Insurance Included? () yes () no

V. LICENSE FEE

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

Receipt #: _____ take by (initials) _____

Signature of Applicant

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

Brian Wagner, City Manager