



Date of Application: \_\_\_\_\_

### CITY OF БЕLOIT SOLID WASTE COLLECTION PERMIT APPLICATION

I hereby make application with the City of Beloit for a SOLID WASTE COLLECTION PERMIT as provided by Section 17.06(9) of the City of Beloit Municipal Code, the same to expire on the 30<sup>th</sup> day of June \_\_\_\_\_.

1. Company Name: \_\_\_\_\_

2. Owner or Manager Name: \_\_\_\_\_

3. Business Address: \_\_\_\_\_

4. Business Phone: \_\_\_\_\_ Owner/Manager Cell Phone: \_\_\_\_\_

5. Number of Employees: \_\_\_\_\_

6. Department of Natural Resources License Number: \_\_\_\_\_

7. Collection Method (check one): Hydraulic Dump Body: \_\_\_\_\_ Other: \_\_\_\_\_

8. Vehicles to be Used:

YEAR	MODEL	SIZE (CY)	LICENSE NO.

Please provide the YEAR, MODEL, SIZE (CY), and LICENSE NO. of any additional vehicles on the back of this application or on a separate sheet.

9. Amount of Public Liability Insurance and Insuring Company<sup>1</sup>:

Name of Insuring Company: \_\_\_\_\_

Bodily Injury: \_\_\_\_\_ Property Damage: \_\_\_\_\_ Workers Comp: \_\_\_\_\_

<sup>1</sup>Combined single limit amount may not be less than \$1,000,000. Proof of insurance must be provided with application.

10. Responsible Party for Graffiti: \_\_\_\_\_ Fax Number: \_\_\_\_\_

OVER

Having read and answered all of the above statements and questions, I hereby consent to investigation of such facts and state that all of the above statements are true and correct to the best of my knowledge. I understand that I am required to prepare and maintain solid waste records and file written quarterly reports with the Public Works Operations Division on or before July 30<sup>th</sup>, October 30<sup>th</sup>, January 30<sup>th</sup>, and April 30<sup>th</sup> of each year as outlined in Section 17.06(18) of the City of Beloit Municipal Code. I further acknowledge that a late fee of 20% of the permit fee will be charged if I fail to renew this permit prior to July 1<sup>st</sup> of the following year.

\_\_\_\_\_  
Owner/Manager Signature

**For Office Use Only:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**New Permit or Renewal**

**Number of Vehicles Permitted (\$25/vehicle)**

**Total Fee Paid**

**Proof of Insurance Submitted**

**Graffiti Abatement Plan Submitted**

**Treasurer's Check Sheet Completed**

**Date Permit Issued**

**APPROVAL:**

**Police Department:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Public Works Director:** \_\_\_\_\_

**Date:** \_\_\_\_\_