City of Boone

Solid Waste Collector License

City of Boone
923 8th Street
Boone, IA 50036

Applicant	Address	City, State Zip

Primary Contact Name	Phone	e-mail

_____
Disposal Location

____ Provide Proof of Insurance
____ $25 License Fee
____ List of Equipment
____ Description of Collection Program – routes, times, frequency, etc.

Applicant Date

Office use only:

Fee received - $ Date: Receipt No.:

Council Action:
___ approved
___ denied

Mayor Date