

WASTE HAULER COLLECTION SERVICE APPLICATION

Information:

Company Information.

No person shall engage in the business of collecting, transporting, processing or disposing of solid waste other than waste produced by that person within the City without first obtaining from the City an annual license in accordance with the City of Boone Ordinance, Chapter 106.

All applicants must file and maintain with the City evidence of satisfactory public liability insurance covering all operations of the applicant pertaining to such business and all equipment and vehicles to be operated. Each Insurance policy shall include as part thereof provisions requiring the insurance carrier to notify the City of the expiration, cancellation, or other termination of coverage not less than ten (10) days prior to the effective date of such action. Insurance coverage must meet the minimum coverage as stated below:

Bodily Injury: \$100,000.00 per person

\$300,000.00 per occurrence

Property Damage: \$50,000.00

To obtain a license with the City of Boone please send the completed application, a \$25.00 license fee, and proof of insurance to the City Clerk at P.O. Box 550, Boone, Iowa 50036, once received the City Council will take action on the application at the next available City Council Meeting.

If you have any questions, you may contact us at 515-432-4211 option 6.

| company information: | |
|--|----------------------------------|
| Company Name: | |
| Company Mailing Address: | |
| Company Street Address (if | different from mailing address): |
| Company Phone Number: _ | |
| Company email address: _ | |
| Primary Contact Name: Email address: Phone Number: | |

Company's Owner/Officers (Please list all owners or officers of the company if you need more space please attach a separate piece of paper):

| Street | A ddmaga. | | |
|---------------------|--|--|-------------|
| Full Name of Street | Owner/Officer:Address: | | |
| Street | Address: | | |
| | · · · · · · · · · · · · · · · · · · · | a complete and accurate listing of the equipment to be used within the City of | |
| Year: | Make: | Model: | |
| Please any oth | her types of equipment that r | maybe used: | |
| | | | |
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| | | | |
| Type of Colle | | | |
| | f Service being provide: (Ple l transportation to be used). | ase include the frequency, routes, and | l method of |
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| _ | osal Information: se location of disposal: | | |
|--|--|--|--|
| Describe the method or processing facilities to be used: | | | |
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| | | | |
| Pleas | se verify you have included the following items with your application: | | |
| | Completed and signed Application | | |
| | Proof of public liability insurance | | |
| | \$25.00 License Fee | | |
| | | | |
| Ciarri | etune of Oranga on Dulay Annointed Donnescontative | | |
| Signa | ature of Owner or Duly Appointed Representative Date | | |