

**CITY OF TAYLORS FALLS
ANNUAL SOLID WASTE COLLECTION LICENSE APPLICATION**

Pursuant to Chapter 18 of the Taylors Falls Code of Ordinances, an annual license is hereby applied for, for the purposes of collecting and hauling municipal solid waste, recyclables or construction debris within the City of Taylors Falls.

Applicant's Name: _____

Company Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Business Phone: _____ - _____

Description of Equipment which will be used within the City:

<u>Vehicle</u>	<u>License #</u>	<u>DOT #</u>	<u>DNR #</u>

Number of customers and rates that will be charged by the applicant for the various categories of customers within the City:

The place or places to which the mixed municipal solid waste, recyclable material and/or construction debris is to be hauled:

The manner in which the mixed municipal solid waste or recyclable material is to be disposed of:

CERTIFICATE OF INSURANCE COVERAGE MUST BE ATTACHED

PERIOD OF LICENSE: Annual commencing April 1, 2003 and ending March 31, 2004.

FEE: Enclose annual fee of \$150.00 per business or company providing service.

INDEMNIFICATION: By your signature below, the licensee shall hold the City harmless from all damages and claims of damages that may arise by reason of any negligence of the licensee or the licensee's agent or employee while engaged in the performance of the work and services covered by the license requirements and shall indemnify the City against all claims, liens, expenses and claims for liens for work, tools, machinery, materials or insurance premiums or equipment or supplies and against all loss by reason of failure of the licensee in any respect to fully perform all obligations outlined in the duties and obligations of the licensed residential solid waste collectors.

Signature of Applicant: _____

Title of Applicant: _____

Date of Application: _____

Office Use Only

- Completed Application
- Signed Application
- Workers Compensation Insurance Certificate
- Comprehensive General Liability Insurance Certificate
- Comprehensive Automobile Liability Insurance Certificate
- License Fee Paid: check # _____

Date License was issued: _____