



2024

**ANNUAL REFUSE HAULERS/COLLECTORS LICENSE  
APPLICATION**

Name of Business: \_\_\_\_\_ Date: \_\_\_\_\_ 2024

Business Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Phone No: \_\_\_\_\_

Night Parking Location: \_\_\_\_\_

**VEHICLE INSPECTION:**

Description of Truck: \_\_\_\_\_ GVW: \_\_\_\_\_

VIN Number: \_\_\_\_\_

**Wording of Signs on each side of truck must be 2' minimum height.**

Remarks: \_\_\_\_\_

**PROOF OF INSURANCE AS PER STATE REQUIREMENTS:**

Submit copy of certificate of liability insurance coverage.

Application approved by:

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ 2024

Fee: \$100 per truck

Receipt No.: \_\_\_\_\_