Solid Waste Hauling Application

PERMIT YEAR: 2016		
FROM	**TO**	
APPLICANT INFORMATION		
Company Name		
Mailing Address		Unit #
City	State	ZIP
Phone	E-mail Address	
Contact Name		

Please include the following items with your application:

☐ Complete listing and description of equipment to be used

☐ Complete description of the type of waste to be hauled, method of collection, routes, frequency, and transport used

☐ A statement describing the precise location and method of disposal or processing facilities to be used

☐ Certificate of Liability Insurance covering all operations of the applicant pertaining to such business and all equipment and vehicles to be operated in the conduct there of in the following minimum amounts:
Bodily Injury: $500,000 per person, $500,000 per occurrence. Property Damage: $500,000 (All insurance coverage and limits shall meet those of all state and federal requirements, if greater.

For Office Use Only:

Permit Dates: _____ Permit No._____

Reason for denial:_____

_____

_____

_____

_____

_____ _____

City Clerk Signature Date

This application is for a permit valid for one calendar year. Please return to: City of Johnston, PO Box 410, Johnston, IA 50131 or via email to crhames@cityofjohnston.com