



Garbage / Refuse Truck Business License Application
City Ordinance Chapter 5.02

Please print in dark ink and mail to Business Licensing Service

Business Name: _____
 Enter the name you will be doing business as. You must operate and advertise in the exact name listed.

Parent Company Name: _____
 (If Corporate Owned)

Business Address: _____
 (Cannot be a P.O. Box) Street # Street name Unit # City State Zip

Mailing Address _____
 (Can be a P.O. Box) Street # Street name Unit # City State Zip

Phone: () - **Business Start Date:** _____

Ownership (Check One Only)

- Sole Proprietor Partnership Corporation LLC
 LLP LP Other:

E-mail: _____

Website: _____

OWNER'S OR PRINCIPAL'S NAME(S)

Name _____ **Name** _____

Home Address _____ **Home Address** _____

City _____ **Zip** _____ **City** _____ **Zip** _____

Telephone # _____ **Title** _____ **Telephone #** _____ **Title** _____

Number of Trucks to be Licensed _____

PREVIOUS LICENSING INFORMATION

Have you ever applied for this type of license before? _____ **If yes,** provide the following information:

a. Owner's name as it appeared on the license:

b. Name of the business:

c. Location of the business:

Has your license ever been revoked? _____ If so, when? _____

Notes:

Private collectors shall make their collections only in trucks which are approved by the **Scott County Health Department (Scott Dougherty 563-326-8618 ext 8820)** and licensed by the city clerk, who shall cause to be issued a license which shall be valid from April first of any year to March thirty-first of the subsequent year. All private collectors shall comply with all rules and regulations concerning solid waste disposal promulgated by the Waste Commission of Scott County.

Signature of Applicant _____

Date _____

Fee \$50.00 / Truck Charge Code 0185