

APPLICATION FOR SOLID WASTE HAULER LICENSE



15 N 6th St * P.O. Box 185 * Clear Lake, IA 50428 * 641-357-5267 (P) * 641-357-8711 (F) * www.cityofclearlake.com

FEE: \$100.00

DATE: _____

I, the undersigned, hereby make application to license the following vehicle(s) to collect garbage and/or refuse within the corporate limits of the City of Clear Lake, Iowa. It is understood that the permit holder shall be responsible for his own billing and collection of accounts.

Applicant Name: _____

E-Mail Address: _____

Business Name: _____

Telephone: _____

Address: _____

Fax No.: _____

If corporation, name and addresses of officers (please attach separate sheet)

| Type of Vehicle | Make | Year | VIN (Last 5 Digits) | Insp. OK |
|-----------------|------|------|---------------------|----------|
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INSURANCE REQUIREMENTS: (Sec. 106.11.2 Clear Lake Municipal Code)

Public Liability: The collector shall carry a minimum coverage for personal injury of \$250,000 per person and \$500,000 per accident insuring both the collector and the City; also the collector shall carry a minimum of \$100,000 property damage public liability insurance.

Motor Vehicle Liability Insurance: The collector shall carry a minimum of \$250,000 per person and \$500,000 per accident, involving bodily injury as a result of motor vehicle accident, and \$100,000 property damage coverage per motor vehicle accident.

INSURANCE CERTIFICATE MUST BE ON FILE IN THE OFFICE OF THE CITY CLERK BEFORE THE LICENSE SHALL BE ISSUED.

IF ISSUED THE ABOVE LICENSE, I SHALL AT ALL TIMES CONFORM TO ALL LAWS AND REGULATIONS GOVERNING THE COLLECTION OF GARBAGE AND/OR REFUSE (CHAPTER 106). ALL MY EQUIPMENT DOES NOW CONFORM TO THE ORDINANCES OF THE CITY OF CLEAR LAKE, AND SAID EQUIPMENT SHALL CONTINUE TO MEET THE REQUIREMENTS OF SAID ORDINANCES (SEC. 106.02).

Signature of Applicant

Return Application To: City Clerk's Office
 15 N. 6th Street
 Clear Lake, Iowa 50428
 (641) 357-5267

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|------------------------|---------------------------|-------------------------|
| OFFICE USE ONLY | | |
| Fee Paid: _____ | Insurance Received: _____ | List of Officers: _____ |