



CITY OF JANESVILLE

Wisconsin's Park Place

Waste Hauler Applicant:

Attached is a City of Janesville Waste Hauler License Application. In order to process your application in a timely manner, the following information is needed.

- Please complete the application in its entirety, signing and dating at the bottom;
- Enclose a check, payable to the City of Janesville, with the appropriate fee;
- Mail your application and check to: City Clerk
P.O. Box 5005
Janesville, WI 53547

CLERK-TREASURER'S OFFICE

CITY HALL • 18 N. JACKSON ST., P.O. BOX 5005 • JANESVILLE, WI 53547-5005 • (608) 755-3070 • FAX: (608)755-3196



www.facebook.com/cityofjanesville



www.janesvillewi.gov



www.twitter.com/City_Janesville



CITY OF JANESVILLE

Sanitary Landfill Waste Hauler License Application (LQ)

Licensing Period: July 1– June 30

City of Janesville Ordinance 12-3 requires applicant’s accounts with the City to be current before a license can be issued.
 Fee is non-refundable.
 In accordance with City Ordinance 30-42

In accordance with City Ordinance 30-42

Date: _____

- Original Application Fee: \$110.00 – first vehicle
- Renewal Application \$60.00 – each additional vehicle Total: _____

- The following MINIMUM information must be submitted before a license will be issued. A permit may not be issued if any of this information is omitted.
- Applicant may submit information on their own forms or attach additional pages if space is required as long as the minimum information appears.
- Proper licensing is required for all Waste Collector/Hauler by hire vehicles.

| | | | | |
|-------------------|-------|--------|------|----------------|
| Trade Name: | | | | |
| Company Name: | | | | |
| Company Address: | | | | Company Phone: |
| City, State, Zip: | | | | |
| Owner Name: | | | | |
| Home Address: | First | Middle | Last | Home Phone: |
| City, State, Zip: | | | | |
| Contact Person: | | | | Email Address: |

Customer Information (attach additional pages if needed):

| Customer Name | Customer Address | Day(s) of Week Serviced | Truck Number(s) | Final Disposal Location |
|---------------|------------------|-------------------------|-----------------|-------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Full Listing of Vehicles Used (attach additional pages if needed):

| Year & Make | Type | Box Size C.Y. | License Number | Vehicle # | (Office Use Only) Vehicle Permit Number |
|-------------|------|---------------|----------------|-----------|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

*Any collector/hauler with more than one vehicle will need to place a vehicle/container number in a location visible to scale attendant.

Tons of Refuse Collected Annually: _____

If you haul more than 20 tons of waste per year, you must be licensed by the WDNR before your local waste hauler permit will be issued. Department of Natural Resources License Number: _____.

Applicable rules and regulations:

1. Haulers wishing to establish credit must first complete a credit application and pay a \$30.00 application processing fee. Approval is based on credit history.
2. Haulers with accounts greater than 90 days past due, and who have not entered into a payment plan may have their disposal privileges suspended.
3. Haulers with accounts greater than 90 days past due, and who have entered into a payment plan, may use the Landfill on a cash basis only.
4. Interest of 1% per month will be charged on all invoices 30 days past due.
5. In accordance with State Code N.R. 502.06(4)(d) and City Ordinances 22-80 and 30-43, all loads must be secured, (i.e. tarped) in such a manner to prevent littering and spillage. Untarped loads may be refused at the landfill.
6. Truck numbers, firm name and roll off container numbers must be readily visible to the landfill scale attendant. (Numbers located high up on driver’s side are preferred.)

Other rules and regulations also apply.

I hereby certify that all the information provided in this application is accurate and true and that I agree to abide by the rules and regulations for use of the Rock County/City of Janesville disposal facilities and in accordance with City Ordinance 30-1 - 30-44.

Applicant Signature

Date

| | |
|--|----------------------------|
| This Section For Office Use Only Approved By: | Space reserved for receipt |
| | |
| Solid Waste Manager : | |
| Date: | |