

APPLICATION FOR WASTE HAULERS LICENSE

City of Williston
PO Box 1306
Williston ND 58802-1306

License Fee: \$75.00

FIRM NAME _____ PHONE _____

MAILING ADDRESS _____

TYPE OF ORGANIZATION: _____ CORPORATION _____ PARTNERSHIP _____ INDIVIDUAL

PRINCIPAL OFFICER'S NAME _____

MAILING ADDRESS _____

NAME OF EMPLOYEES (who will work in Williston) _____

EQUIPMENT/TRUCKS WITH LICENSE #: _____

GIVE A SUMMARY OF PREVIOUS EXPERIENCE AND TRAINING: _____

INSURANCE COMPANY: _____ Attach proof of insurance

AGENT: _____

ADDRESS: _____

POLICY NUMBER: _____ AMOUNT: _____ RENEWAL DATE: _____

LIST ALL PERMITS/LICENSES HELD RELATING TO WASTE HAULING FROM OTHER AGENCIES
WITH EXPIRATION DATES: _____

THIS IS: _____ FIRST APPLICATION _____ RENEWAL

I HEREBY AGREE TO COMPLY WITH THE PROVISIONS OF ORDINANCE NO. 543, ALL SECTIONS AS IS OR AS AMENDED, CITY OF WILLISTON, DATED AUGUST 8, 1978, WHICH I HAVE READ, AND TO FAITHFULLY PERFORM ANY AND ALL CONTRACTS INTO WHICH I SHALL ENTER.

APPLICANT SIGNATURE: _____

TITLE: _____

DATE: _____

FOR OFFICIAL USE ONLY	DATE APPLICATION RECEIVED: _____
APPLICATION APPROVED ON _____ BY _____, PUBLIC WORKS DIRECTOR.	
I, _____, CITY AUDITOR OF THE CITY OF WILLISTON, DO ATTEST THAT THE ABOVE NAMED PERSON APPEARED BEFORE ME SUBMITTING ALL PROPER FEES AND PAPERS AS OF _____ DAY OF _____, 20_____.	
SIGNED _____	