



APPLICATION FOR GARBAGE LICENSE

Business Name:	Mailing Address:
Name of Applicant:	Applicant Title:
Applicant Email:	Business Phone:

I am requesting a Garbage License in the City of Chippewa Falls with the regular term of the license being July 1 – June 30.

I am enclosing a copy of our **Certificate of Insurance** and **Surety Bond** as required by the City Code.

I will comply will all provisions of Chapter 11 of the City Code and all other related ordinances, statutes, and regulations.

Signature of Applicant

Date

Fees:

Quantity	Description	Unit Price	Amount
1	Business License Fee	\$100.00 each	\$100.00
	Commercial Vehicles	\$50.00 each	
	Auxiliary Vehicles	\$25.00 each	
	Roll Off Boxes	\$5.00 each	
Total			

Mail To:
City of Chippewa Falls, 30 W Central Street, Chippewa Falls, WI 54729
Checks should be made payable to the City of Chippewa Falls