

CITY OF HAYSVILLE

SOLID WASTE DISPOSAL AND COLLECTION

LICENSE APPLICATION

LICENSE PERIOD
JANUARY 1, 201 THROUGH DECEMBER 31, 201

The undersigned herewith makes application to the City of Haysville, Kansas, for a Refuse Hauler's License, under the provisions of Ordinance no. 350 and its amendments and City Code Section 7-312, herewith submits the following information:

COMPANY NAME:

COMPANY ADDRESS:

BUSINESS PHONE:

WEBSITE OR EMAIL ADDRESS:

OWNER'S NAME:

OWNER'S HOME ADDRESS:

OWNER'S HOME PHONE:

In order to comply with City Code, Section 7-306, I submit to the Governing Body proof that I have met the following requirements:

1. Evidence that vehicle(s) comply with codes;
2. Insurance
 - A. Worker's Compensation and Employer's Liability
Worker's Compensation—Statutory amount
Employee's Liability \$100,000.00
 - B. Automobile Liability
The limits shall not be less than the following:
Bodily Injury \$100,000.00 Each Person
Bodily Injury \$300,000.00 Each Occurrence
Property Damage \$ 50,000.00 Each Occurrence
 - C. General Liability
Personal Injury \$100,000.00 Each Occurrence
\$300,000.00 Aggregate or single limit of \$300,000.00
Property Damage \$ 50,000.00 Each occurrence
\$100,000.00 Aggregate

I understand that in the event I fail to comply with any provisions of these ordinances or the City Code, The City Clerk may, upon fourteen (14) days written notice to me, revoke and cancel my license. I also understand that I may appeal such notice within ten (10) days to the Governing Body.

I, _____, the above named applicant, hereby agree to comply with all rules and regulations prescribed by the City of Haysville, Kansas, relating to solid waste disposal and collection and do hereby agree to immediate revocation of my solid waste disposal and collection license by proper officials for any violation of such laws, rules and regulations.

License fee of \$_____ is enclosed herewith.

Signature of Applicant

AFFIRMATION OF OATH

I, _____, being duly sworn, upon oath depose and say: that I am the applicant who makes the above foregoing application; that I have idea and signed the same, know the contents thereof and that all statements herein contained are true.

Signature of Applicant

STATE OF KANSAS, COUNTY OF SEDGWICK, SS:

Subscribed and sworn before me, a Notary Public in and for said county and state, this _____ day of _____, 20____.

(Seal)

Notary Public