CITY OF WAUWATOSA COMMERCIAL SOLID WASTE & RECYCLING COLLECTION & DISPOSAL LICENSE APPLICATION

	License Period:	January 1-December 31, 20			
Original	Date:			RENEWAL	
Please print clearly	<u></u>		<u> </u>		
Trade Name (d/b/a)					
Wauwatosa address:					
	Cell Phone:				
Agent Name (WI resident re	sponsible for this location)				
First Name	Middle lu	nitial	Last No	2000	
			Last NameZip		
Pnone:	Cell Phone:	E-mail:	Fax		
AGENT DATE OF BIRTH:_	ATE OF BIRTH:(required for purpose of obtaining the required record check)				
	of Natural Resources license for If yes, state lice				
If yes, state license number: Approx. number of Commercial	or processing recyclables under cial Customers (including multiple DRESS:	e-family complexes of 5 units	s or more) in Wauwatosa	:	
(Include Street and/or P.O. E	Box, City, State and Zip Code)				
shall obtain and maintain all ne	ers who collect solid waste and/or rec cessary municipal and state permits number shall be prominently display	s, licenses and approvals prior to		• .	
Director of Public Works at leas customers not complying with 0 from the City; amount of solid w	ers and processors operating in the st annually. Reports shall include: Notice and State recycling laws as of the vaste and recyclables processed and report annually shall be cause for the state of th	Names & addresses of all custor ne date of the report; amount of d/or marketed by item type from	ners, including those comm solid waste and recyclables the City; and final disposal	ercial and multiple-family collected and transported location of solid waste an	
	nply with applicable portions of Chap mmon Council of the City of Wauwat in this form is true and correct.				
01-311-4900-000					
FEE: <u>\$ 80.00</u>		Agent Siç Title:	gnature		
Approved for City of Wauwatos	a:				
Director of Public Works		Police Re	ecord Check		

WAUWATOSA LICENSE NUMBER: