

CITY OF AUBURN HILLS

Application for Refuse Transporting License

DATE: _____

BUSINESS NAME: _____ OWNER/OPERATOR: _____

BUSINESS ADDRESS: _____ OWNER'S ADDRESS: _____

BUSINESS PHONE: _____ CONTACT PERSON: _____

E-MAIL ADDRESS: _____ CONTACT'S PHONE: _____

REFUSE TRANSPORTING UNIT(S):

YEAR	MAKE	YOUR VEHICLE ID NUMBER	LICENSE PLATE #	WEIGHT CAPACITY	LAST SIX DIGITS OF VIN #	CURRENT PERMIT #

PLEASE CHECK APPLICABLE ITEMS:

- 1. COMMERCIAL RUBBISH HAULING
- 2. RESIDENTIAL RUBBISH HAULING
- 3. REFUSE TRANSPORTATION THROUGH CITY (BY MOTOR VEHICLE/RAIL)
- 4. REFUSE PICKUP WITHIN CITY
- 5. REFUSE DISPOSAL WITHIN CITY

LOCATION OF REFUSE TRANSPORT UNIT STORAGE: _____

LOCATION(S) AT WHICH REFUSE IS DISPOSED: _____

THE UNDERSIGNED HEREBY

MAKES APPLICATION FOR A REFUSE TRANSPORTING LICENSE AND AGREES TO COMPLY WITH THE REQUIREMENTS OF THE CITY OF AUBURN HILLS ORDINANCE NO. 524 AND ORDINANCE NO. 573.

_____ SIGNATURE OF APPLICANT

PROOF OF INSURANCE MUST ACCOMPANY THIS APPLICATION
•Automobile Personal Injury •Property Damage •Worker's Compensation

For Office Use Only:		
Fee Received: _____	Date: _____	Insurance Certified: _____
Inspection Reports: _____	Date: _____	