

GENERAL LICENSE # _____ FEE = \$150.00 AFTER JANUARY 2, \$250.00

YARD WASTE LICENSE# _____ FEE=\$75.00 AFTER APRIL 1, \$150.00

OFFICE USE ONLY – TO BE COMPLETED BY ISABELLA COUNTY

ISABELLA COUNTY

Application for
Waste Hauler License

1. Please check what type(s) of waste you are hauling:
 Municipal waste Recyclable materials Yard waste
2. Applicant's Name: _____
3. Applicant's Business Address: _____

4. Applicant's Telephone Number: _____
5. Applicant's Drivers License Number: _____
6. Applicant's Birth Date: _____
7. Applicant's Type of Business: Individual _____ Partnership _____
Corporation _____ Other _____
- 7a. If Applicant is a corporation, list full name and residential addresses of the principal officers:

<u>Name</u>	<u>Address</u>
President: _____	_____
Secretary: _____	_____
Treasurer: _____	_____
- b. If Applicant is a partnership, list the full names and residential addresses of the general partners:

<u>Name</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____

(Use extra page if necessary)

8. Name under which business is to be conducted by Applicant:

9. Name and residential address of manager or person principally in charge of Applicant's operation:

<u>Name</u>	<u>Address</u>

10. Number of vehicles used by waste hauler: _____
11. List the following information on each vehicle:

<u>Make</u>	<u>Model</u>	License No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

(list any additional vehicles on extra page, if necessary)
12. Has the Applicant or any of its officers, agents, or employees, violated any laws, statues, ordinances, rules or regulations in connection with its collection, transportation, or disposal of solid waste, yard waste, or recyclable materials within the State of Michigan? Yes_____ No_____
- If yes, please describe: _____
- _____
- _____
13. Has the Applicant or any of its officers, agents, or employees been convicted of a criminal offense in the State of Michigan? Yes_____ No_____
- If yes, please describe: _____
- _____
- _____
14. Has the Applicant had a waste hauler license or similar license suspended or revoked for any reason by a governmental body or agency in the State of Michigan? Yes_____ No_____
- If yes, please describe: _____
- _____
- _____

NOTE:
PROOF OF AUTOMOBILE/LIABILITY INSURANCE AND DRIVERS
LICENSE NUMBER MUST ACCOMPANY THIS APPLICATION

By signing this application, the Applicant hereby affirms that: 1) the information above is true and correct; 2) the Applicant agrees that as a condition of the Waste Hauler License, the Applicant shall comply with all requirements of the Isabella County Recycling Ordinance adopted December 17, 1992 and with all other applicable laws, statues, ordinances, rules and regulations; and 3) the Applicant shall serve the public in a fair, honest, safe, and lawful manner.

I hereby affirm that I am authorized to sign this application on behalf of the Applicant.
SIGNATURE MUST BE MADE IN PRESENCE OF A NOTARY.

Date _____

Print Name/Title

Signature

State of Michigan)
County of Isabella)

Subscribed and sworn to before me this _____ day of _____, 20____, by _____, to me known to be the same person who executed the above application.

Notary Public
County of _____, MI
My Commission Expires: _____

INCOMPLETE APPLICATIONS CANNOT BE PROCESSED AND WILL BE RETURNED

NOTE:

PROOF OF AUTOMOBILE/LIABILITY INSURANCE AND DRIVERS LICENSE NUMBER MUST ACCOMPANY THIS APPLICATION

OFFICE USE-TO BE COMPLETED BY ISABELLA COUNTY

Payment of Non-refundable Application Fee:

Date: _____ Amount: _____ Check # _____ Cash _____

License Application:

Approved: _____ Denied: _____

If Denied, describe reasons: _____

Date: _____ Signature: _____

Payment of Annual/Seasonal License Fee:

Date: _____ Amount: _____

License Issued:

Date: _____

License Expires:

Date: _____

NOTE:

**PROOF OF AUTOMOBILE/LIABILITY INSURANCE AND
DRIVERS LICENSE NUMBER MUST ACCOMPANY THIS
APPLICATION**

MUST BE NOTARIZED

WAIVER

I, _____ do not engage in collecting, transporting, delivering and disposing of waste in Isabella County.

Signed _____

Date _____

State of Michigan)

County of Isabella)

Subscribed and sworn to before me this _____ day of _____, 20____, by _____, to me known to be the same person who executed the above waiver.

Notary Public

County of Isabella, MI

My Commission expires: _____

PLEASE COMPLETE AND RETURN TO THE ISABELLA COUNTY RECYCLING OFFICE, 4208 EAST RIVER ROAD, MT. PLEASANT, MI 48858

If you have any questions or need any further information please contact this office.