



WEST MILWAUKEE

APPLICATION FOR LICENSE TO COLLECT AND TRANSPORT GARBAGE, RUBBISH OR WASTE MATERIAL IN THE VILLAGE OF WEST MILWAUKEE MILWAUKEE COUNTY, WISCONSIN

January 1, 20__ through December 31, 20__

To serve: Residential_____ Commercial_____ Both_____

Application is: New_____ Renewal_____

License Type: Grade 1_____ \$1,000 Grade 2_____ \$200 Grade 3_____ \$300 (If the license is a portion of the year, the fees shall be prorated, but never less than half the total)

Calendar year for which application is made: _____

1. Name of Company: _____

2. Phone: _____ Email: _____

3. Business Address of Company: _____
_____ City State Zip

4. Type of Organization: Individual_____ Partnership_____ Corporation_____ LLC_____

5. Department of Natural Resources License Number: _____

6. List individual applicants; or all partners or all corporate officers and titles (Attach a separate sheet if necessary.)

Individual, Partner Corporate Officers include titles	Business Address/Phone	Home Address/Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Total number of trucks to be licensed: _____

Year	Make	Size (CY)	License No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Address of place where vehicles are stored when not in use

9. Do you acknowledge receipt of Municipal Code Section 70-191 of the Village of West Milwaukee Code regulating the collection of garbage, rubbish and waste material in the Village of West Milwaukee and are you familiar with the requisites of said section? _____Yes _____No

State of Wisconsin
County of Milwaukee
Village of West Milwaukee

The undersigned, being first duly sworn on oath, deposes and says he/she is applicant named in the foregoing application; that he/she has read and completed an answer to each question and that his/her answers in each instance are true and correct. (For individual applicant, individual should sign; for partnership, all partners should sign; for corporation, President and Secretary should sign.)

Applicants name – please print

Applicant’s Signature and Title

Applicants name – please print

Applicant’s Signature and Title

Subscribed and sworn to before me this

_____ Day of _____, _____

Notary Public, State of Wisconsin

My Commission Expires: _____

For Village Use:

Date Application was received: _____ Receipt #: _____ Amount Received: \$ _____

Approved by:

Superintendent of Public Works: _____ Date: _____

Village Board Date: _____ Approved or Denied: _____ Lic# _____