GARBAGE/REFUSE HAULERS LICENSE APPLICATION FORM

City of Marshall ~ 344 West Main Street ~ Marshall MN 56258 Phone (507) 537-6763 ~ Fax (507) 537-6830

ANNUAL FEE: \$160.00 (ATTACH TO APPLICATION) Receipt No.

LICENSE PERIOD FROM APRIL1, 2019 TO MARCH 31, 2020

TO COMPLY WITH THE CITY CODE OF THE CITY OF MARSHALL, MINNESOTA,

	REGULATING THE LICENSING OF REFUSE HAULERS	
NAME OF APPLICANT:	Harriel Thomas	Rtter
HOME ADDRESS:	(First) $\beta v + 40 \beta$	(Last)
HOME ADDRESS.	(RR, P.O. Box or Street)	56258
	(City) (State)	(Zip Code)
BUSINESS NAME:	How how familalism the	
BUSINESS ADDRESS:	130y 425	
	(RR, P.O. Box or Street) Manhall (City) (State)	56258
PHONE NUMBER:	(507) 829-8950 (507)	56258 (Zip Code) 532-4500
REFERENCES:	1) City of Markall	(Business)
	(Name) 1344 Wman At	
	(Address)	
	(Name) 504 Farmounds Pol	
	(Address)	
VEHICLE INSURANCE POLICY:	Joseph Richmond Jusura	nce advisars
(Certificate required)	4-10-18 4-10-19	ne of Company)
	(Period of Coverage) Ame	ount of Coverage)
	(Type of Coverage)	
•	Endorsement must provide that said policy shall not be cancelled or terminated without at least ten (10) days notice in writing to the City.	
VEHICLES:	Applicant hereby certifies that they have tight packer type vehicles in good condition to prevent loss in transit of liquid or solid cargo, and that the vehicles will be kept clean and free of offensive odors, and will not stand on any street longer than reasonable necessary to collect the garage or refuse.	
TYPE OF LICENSE:	X Garbage and/or Refuse (chec	ck applicable license type)
TYPE OF EMPLOYMENT:	Owner and/or Operator (chec	ck applicable license type)
"All items removed by the con	stractor shall be disposed of in the Lyon County Lar	idfill and in accordance with
the Lyon County solid waste p	lan and Lyon County ordinances."	
Henry Tr	Sotte "	7-26-19
Signature of Applicant	Date	