

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 APRIL 1, 2018 TO MARCH 31, 2019

TO COMPLY WITH THE CITY CODE OF THE CITY OF MARSHALL, MINNESOTA,
REGULATING THE LICENSING OF REFUSE HAULERS

NAME OF APPLICANT: KARYN LYNN Block
(First) (Full Middle) (Last)

HOME ADDRESS: _____
(RR, P.O. Box or Street)

(City) (State) (Zip Code)

BUSINESS NAME: WASTE MANAGEMENT

BUSINESS ADDRESS: 739 BEAVER AVE
(RR, P.O. Box or Street)
MINNAPOLIS MN 56001
(City) (State) (Zip Code)

PHONE NUMBER: (507) 344-2221 (507) 344-2234
(Home) (Business)

REFERENCES: 1) _____
(Name)

(Address)
2) _____
(Name)

(Address)

VEHICLE INSURANCE POLICY: LOCKTON COMPANIES / ACE AMERICAN INSURANCE COMPANY
(Certificate required) (Name of Agent) (Name of Company)
1-1-19 1-1-20
(Period of Coverage) (Amount of Coverage)
AUTO LIABILITY \$1,000,000
(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: Garbage and/or Refuse (check applicable license type)

TYPE OF EMPLOYMENT: Owner and/or Operator (check applicable license type)

"All items removed by the contractor shall be disposed of in the Lyon County Landfill and in accordance with the Lyon County solid waste plan and Lyon County ordinances."

Karyn Lynn Block
Signature of Applicant

3-19-19
Date