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, 2018 TO MARCH 31, 2019

RECEIVED APR - 4 2019 BY: _____

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

NAME OF APPLICANT: Don Keith Williamson
(First) (Full Middle) (Last)

HOME ADDRESS: Box 796
(RR, P.O. Box or Street)
WILLMAR MN 56201
(City) (State) (Zip Code)

BUSINESS NAME: West Central Sanitation Inc.

BUSINESS ADDRESS: PO Box 796
(RR, P.O. Box or Street)
Willmar MN 56201
(City) (State) (Zip Code)

PHONE NUMBER: ( ) . (320) 235-7630
(Home) (Business)

REFERENCES:
1) Teather Bliss city Clerk Cottonwood MN
(Name)
PO Box 106 Cottonwood MN 56229
(Address)

2) Jer Javens Harrison Truck Centers
(Name)
1501 North Hwy 59 Marshall MN 56258
(Address)

VEHICLE INSURANCE POLICY:
(Certificate required)
Jim Enge. SECURA INSURANCE
(Name of Agent) (Name of Company)
4.30.18 - 4.30.19 1,000,000
(Period of Coverage) (Amount of Coverage)
Any Auto Comp/Coll
(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 X Refuse (check applicable license type)

TYPE OF EMPLOYMENT: X Owner and/or X 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."

Don Williamson President 4/9/19
Signature of Applicant

4-1-19
Date