



**TWO
RIVERS**
WISCONSIN

**APPLICATION FOR
COMMERCIAL GARBAGE HAULER'S LICENSE
CITY OF TWO RIVERS WISCONSIN**

(I) (We), the undersigned, hereby apply to the City of Two Rivers for a COMMERCIAL GARBAGE HAULER'S LICENSE as provided in Section 5-6-24(a) of the Municipal Code, for the period from July 1, 2023 to June 30, 2024, which the fee is \$25.00 per year for each vehicle used in said business and shall be paid in advance.

DESCRIPTION OF VEHICLES SOUGHT TO BE LICENSED

MAKE	YEAR - MODEL	WISCONSIN LICENSE NO. FOR 2023 - 2024	IDENTIFICATION NO.
Peterbilt	2019	SB13387	929055
Peterbilt	2011	6058766	221031
Mack	2022	QB18528	912058
Mack	2023	TB7556	913033

Dated _____

GFL Environmental Midwest
(Name of Firm or Corporation)

Amount of Fee: \$ 100

Wayne Becker
(Individual Completing Form)

920-333-8185
(Telephone Number)

428 High St
(Mailing Address)

wayne.becker@gflenv.com
(E-mail Address)

Chilton WI 53014
(City, State, Zip Code)

(Website Address)

**LETTER OF CREDIT
AS REQUIRED BY TWO RIVERS MUNICIPAL CODE SECTION 5-6-24(a)**

WHEREAS, the undersigned commercial garbage hauler ("Applicant") desires to obtain a license from the City of Two Rivers to engage in the business of collecting and transporting garbage; and

WHEREAS, Section 5-6-24(a) of the Two Rivers Municipal Code requires as a prerequisite to the granting of such license that the applicant provided a letter of credit to the City of Two Rivers from an acceptable financial institution on a form to be prepared by the City of Two Rivers; and

WHEREAS, the undersigned financial institution ("Bank") desires to exercise this letter of credit in favor of the City of Two Rivers in order to meet the requirements of Section 5-6-24(a);

NOW, THEREFORE, the Bank hereby authorizes the City of Two Rivers to draw on the Bank from the account of the applicant up to the aggregated amount of \$5,000.00. The Bank agrees to honor any draft drawn hereunder and waives any rights to defer honor of any such draft. This authorization shall be valid from July 1, 2021 through June 30, 2022 and shall be irrevocable during this period.

This authorization is granted by the Bank in order to secure compliance by the Applicant with all city ordinances. Items for which the City of Two Rivers may make withdrawals hereunder include, but are not limited to: Costs associated with the removal of any nuisances caused by the Applicant's failure to comply with any city ordinance, or costs associated with the failure of the Applicant to remove any garbage or refuse which the Applicant has agreed to remove. The Applicant agrees that should the Applicant wish to dispute any such withdrawals, the dispute will not jeopardize the City's initial right to make a withdrawal from Applicant's account.

Dated this 10th day of May, 2021.
This authorization shall be valid from July 1, 2021 through June 30, 2025
Very truly yours,

By: 
Name of Financial Institution
BANK FIRST, N.A.
Authorized Representative
Christopher Stream - Vice President

The undersigned commercial garbage hauler hereby consents to the terms of the above letter of credit and authorizes execution of this document by the above financial institution.

Commercial Garbage Hauler
MANITOWOC DISPOSAL, INC.
By: 
Authorized Representative
Fred Radandt - President/Treasurer



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/1/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

Spectrum Insurance Group Wausau
303 Packerland Dr Ste C
PO Box 12495
Green Bay WI 54307

CONTACT
NAME: Gina KellerPHONE
(A/C, No. Ext): 920-593-2801FAX
(A/C, No.): 920-884-2851E-MAIL
ADDRESS: gina.keller@spectruminsgroup.com

INSURER(S) AFFORDING COVERAGE NAIC #

INSURER A: Secura

22543

INSURER B: SFM Mutual Insurance

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED

Manitowoc Disposal Inc.
1800 Johnston Dr
Manitowoc WI 54220-1333

MANIDIS-01

COVERAGES

CERTIFICATE NUMBER: 1197288185

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		CP3372235	8/30/2022	8/30/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC					
	OTHER:					
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS Hired AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		A3372236	8/30/2022	8/30/2023	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	X UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		CU3372237	8/30/2022	8/30/2023	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input checked="" type="checkbox"/> N	129394.103	8/30/2022	8/30/2023	X PER STATUTE <input type="checkbox"/> OTH- ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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