



**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 of

July 1, 2025 to June 30, 2026. 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 2025 - 2026	IDENTIFICATION NO.
VOLVO WHITE	1993 WX64	QB 11554	4V2DMFMESP660446
INTERNATIONAL	2005 4300	GD 57886	1HTMMAAM05H122883

Dated May 29th, 2025.

POZORSKI HAULING & RECYCLING, LLC
(Name of Firm or Corporation)

Amount of Fee: \$ 50.00

MICHAEL A. POZORSKI
(Individual Completing Form)

920.682.3544
(Telephone Number)

P.O. Box 1565 MANITOWOC, WI.
(Mailing Address)

phr1onv1zbahn@yahoo.com
(E-mail Address)

MANITOWOC, WI 54221-1565
(City, State, Zip Code)

-
(Website Address)

Each applicant shall be required to furnish a letter of credit in the amount of \$5,000 from an acceptable responsible financial institution to be executed on a form prepared by the City of Two Rivers.

Letter of Credit Furnished 6/10/25
Date

Insurance:

Certificate of liability insurance with limits of at least \$25,000/\$100,000/\$300,000 on each licensed vehicle must be provided by the applicant and filed with the Director of Public Works.

Certificate of Liability Furnished 5/29/25
Date

City Department approval as required by Section 5-6-24(a) of the Municipal Code.

Approved by: _____
Director of Public Works Date

Approved by: _____
City Manager Date

License shall not be issued until the above requirements are met and same has been granted by the City Council. This completed application form, approved by the Two Rivers City Council, and signed by the Director of Public Works and City Manager, will function as the valid Garbage Hauler's License.

Date License Fee Received: 6/4/25

Receipt Number: _____



Susan Reilly <susrei@two-rivers.org>

FW: Pozorski Hauling & Recycling LLC

1 message

Garcia, Jeremy <Jeremy.Garcia@associatedbank.com>

Tue, Jun 10, 2025 at 12:34 PM

To: "susrei@two-rivers.org" <susrei@two-rivers.org>

Cc: Michael Pozorski <phr1onviebahn@yahoo.com>

Good Afternoon Sue,

I wanted to touch base with you regarding Pozorski Hauling & Recycling LLC. I confirmed with our back office that their Letter of Credit is set up to auto-renew each year. With that, we do not send anything out when the maturity date is bumped out. Currently the LC has a new maturity date of 6/8 which is shown in the screenshot below. Please let me know if you have any questions. Feel free to check in with me annually if you'd like to confirm the LC has been extended. Thank you.

Date Information	
Note Date	06/08/2018
Last Payment Date	
Last Maintenance	06/09/2025
Last Activity	06/09/2025
Maturity Date	06/08/2026



Jeremy Garcia

Portfolio Manager | Business Banking

Office: 920-433-3074 Cell: 920-217-1204

[200 N Adams St | Green Bay, WI 54301](#)

jeremy.garcia@associatedbank.com

Daily Food for Thought:

"You either quit or keep going. They both hurt. Choose wisely."

From: Ott, Sonia <Sonia.Ott@associatedbank.com>

Sent: Tuesday, June 10, 2025 12:26 PM



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/29/2025

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 Hub International Midwest West 2120 Pewaukee Road Suite 202 Waukesha WI 53188	CONTACT NAME: HUB International Midwest Limited	
	PHONE (A/C, No, Ext): 920-457-7781 FAX (A/C, No): 920-451-8248	
	E-MAIL ADDRESS: mww_sheboygangeneralrequests@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: ACUITY, A Mutual Insurance Company	14184
	INSURER B: Certain Underwriters at Lloyds	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

License#: 100290819
POZOHAU-01**INSURED**
Pozorski Hauling & Recycling LLC
P O Box 1565
Manitowoc WI 54221-1565**COVERAGES****CERTIFICATE NUMBER:** 595993639**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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:		F98334	9/15/2024	9/15/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		F98334	9/15/2024	9/15/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N N/A	F98334	9/15/2024	9/15/2025	<input checked="" type="checkbox"/> 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
B	<input type="checkbox"/> Pollution Liability		CPL00922001	1/1/2025	1/1/2026	Incident Limit 1,000,000 Aggregate Limit 1,000,000

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

CERTIFICATE HOLDER**CANCELLATION**City of Two Rivers
Public Works/Engineering
1717 E. Park Street
PO Box 87
Two Rivers WI 54241

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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