



**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.
	Please See Attached List		

Dated 5-29-25

Waste Management  
(Name of Firm or Corporation)

Amount of Fee: \$ 950.<sup>00</sup>

Colleen Houts  
(Individual Completing Form)

920.370-7446  
(Telephone Number)

1861 E. Allouez Ave  
(Mailing Address)

chouts@wm.com  
(E-mail Address)

Green Bay WI 54311  
(City, State, Zip Code)

\_\_\_\_\_  
(Website Address)

Unit #	License Plate Number	VIN	Vehicle Yr	Make	Model
212714	SB12723	1M2AV17C8GM011483	2016	MACK	MRU633
214775	SB13068	3BPD LH0X9KF106598	2019	PETERBILT	520
214776	SB13067	3BPD LH0X0KF106599	2019	PETERBILT	520
214777	SB13789	3BPD LH0X3KF106600	2019	PETERBILT	520
214778	SB13790	3BPD LH0X5KF106601	2019	PETERBILT	520
217013	SB13874	1M2TE7GCXRM001780	2024	MACK	TE64E
217366	QB19152	3BPD X20X0RF118280	2024	PETERBUILT	520
218092	TB8034	3BPD X20X4SF737020	2024	PETERBUILT	520
218007	SB15057	1M2TE7GC1SM002189	2024	MACK	TE64E
218008	QB19811	1M2TE7GC3M002193	2025	MACK	TEG4E
218167	SB150858	3BPD X20X4SF748695	2025	PETERBUILT	520
267188	QB19149	3BPD X20XXSF118499	2025	PETERBUILT	520
266258	3681412	5VCACSD F2KC229922	2019	AUTOCAR	ACX64
414984	QB16402	1NPSXHEX2GD357880	2016	PETERBILT	365
414988	QB17820	1NPSXHEX2GD357884	2016	PETERBILT	365
414992	QB19499	1NPSLH0X1GD334805	2016	PETERBUILT	365
415117	QB16468	1FVHG3D9XGHF53490	2016	FREIGHTLINER	114SD
415118	QB17838	1FVHG3D91GHF53491	2016	FREIGHTLINER	114SD
415120	QB16469	1FVHG3D95GHF53493	2016	FREIGHTLINER	114SD
415215	SB12782	1FVHG3D92HHF53467	2017	FREIGHTLINER	SD114
416490	QB17586	1FVMG3FW5KHKL7490	2019	FREIGHTLINER	SD114
416491	QB17588	1FVMG3FW7KHKL7491	2019	FREIGHTLINER	SD114
416492	QB17587	1FVMG3FW9KHKL7492	2019	FREIGHTLINER	SD114
417374	QB19168	1NP3X20XXLD722633	2020	PETERBILT	348
417378	QB18125	1NPCLHEX2LD724805	2020	PETERBILT	567
417379	QB18102	1NPCLHEX2MD724806	2020	PETERBILT	567
417380	QB18100	1NPCLHEX6LD724807	2020	PETERBILT	567
418574	TB6490	1NPCLHEX2ND815642	2022	PETERBILT	567
418575	TB7456	1NPCLHEX0PD815643	2023	PETERBILT	567
418576	TB6337	1NPCLHEX6ND815644	2022	PETERBILT	567
418577	TB7454	1NPCLHEX8ND815645	2022	PETERBILT	567
418578	TB7470	1NPCLHEX8ND815646	2022	PETERBILT	567
418579	TB6492	1NPCLHEX8PD815647	2023	PETERBILT	567
418580	TB6491	1NPCLHEX3ND815648	2022	PETERBILT	567
418581	TB7485	1NPCLHEX5ND815649	2022	PETERBILT	567
418582	TB7455	1NPCLHEX1ND815650	2022	PETERBILT	567
420389	TB8186	1FVMG3FW5SHV15112	2025	FREIGHTLINER	SD114
633687	JB15190	2NP2HJ7X5MM750957	2021	PETERBILT	337
633495	GD46940	2NKMHZ6X42M888212	2001	KENWORTH	T300

HEIL HALF/PACK 40YD

STATE IS IN. TYPE IS IRP

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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 5/29/25  
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 6/3/25  
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: 6/10/25

Receipt Number: \_\_\_\_\_

SUMITOMO MITSUI BANKING CORPORATION

277 Park Avenue

New York, NY 10172, U.S.A.

MAY 28, 2025

AMENDMENT TO IRREVOCABLE STANDBY LETTER OF CREDIT  
NO. LG/MIS/NY-096707

## BENEFICIARY:

CITY OF TWO RIVERS  
DEPARTMENT OF PUBLIC WORKS  
1717 EAST PARK STREET  
POST OFFICE BOX 87  
TWO RIVERS, WI 54241-0087

## APPLICANT:

WASTE MANAGEMENT OF WISCONSIN, INC.  
1861 E ALLOUEZ AVENUE  
GREEN BAY, WI 54311-6235

## ACKNOWLEDGMENT RECEIPT:

FAX: 212-224-4566


EMAIL: TRADE\_CREDIT\_SVC@SMBCGROUP.COM

WE HEREBY AMEND THE ABOVE-MENTIONED LETTER OF CREDIT AS FOLLOWS:

THE EXPIRATION DATE OF THE LETTER OF CREDIT HAS BEEN EXTENDED TO JUNE 30, 2026.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

VERY TRULY YOURS,  
SUMITOMO MITSUI BANKING CORPORATION,  
NEW YORK BRANCH

DocuSigned by:  
  
3D5D64480411442...

MAKI NIWA  
EXECUTIVE DIRECTOR



# CERTIFICATE OF LIABILITY INSURANCE

1/1/2026

DATE (MM/DD/YYYY)

12/10/2024

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).

<b>PRODUCER</b> Lockton Companies, LLC DBA as Lockton Insurance Brokers, LLC in CA CA license #0F15767 3657 Briarpark Dr., Ste. 700 Houston TX 77042 (866) 260-3538	<b>CONTACT</b> <b>NAME:</b> <b>PHONE</b> (AC, No, Ext): <b>FAX</b> (AC, No): <b>E-MAIL</b> <b>ADDRESS:</b>														
<b>INSURED</b> 1300299 WASTE MANAGEMENT HOLDINGS, INC. & ALL AFFILIATED RELATED & SUBSIDIARY COMPANIES INCLUDING: WASTE MANAGEMENT OF WISCONSIN, INC. 1861 EAST ALLOUEZ AVENUE GREEN BAY WI 54311	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Indemnity Insurance Co of North America</td><td>43575</td></tr><tr><td>INSURER B: ACE American Insurance Company</td><td>22667</td></tr><tr><td>INSURER C: ACE Fire Underwriters Insurance Company</td><td>20702</td></tr><tr><td>INSURER D: ACE Property and Casualty Insurance Company</td><td>20699</td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Indemnity Insurance Co of North America	43575	INSURER B: ACE American Insurance Company	22667	INSURER C: ACE Fire Underwriters Insurance Company	20702	INSURER D: ACE Property and Casualty Insurance Company	20699	INSURER E:		INSURER F:	
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INSURER E:															
INSURER F:															

**COVERAGES****CERTIFICATE NUMBER:** 3407072**REVISION NUMBER:** XXXXXXXX

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU INCLUDED <input checked="" type="checkbox"/> ISO FORM CG00010413 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:	Y	Y	HDO G48900793	1/1/2025	1/1/2026	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 5,000,000 MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 6,000,000 PRODUCTS - COMP/OP AGG \$ 6,000,000 \$
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRE AUTOS ONLY <input checked="" type="checkbox"/> MCS-90 <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	MMT H1082235A	1/1/2025	1/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$
D	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	XEU 27929242 010	1/1/2025	1/1/2026	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$ XXXXXXXX
A B C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	Y	WLR C72629668 (AOS) WLR C72629620 (AZ, CA & MA) SCF C7262970A (WI)	1/1/2025 1/1/2025 1/1/2025	1/1/2026 1/1/2026 1/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 3,000,000 E.L. DISEASE - EA EMPLOYEE \$ 3,000,000 E.L. DISEASE - POLICY LIMIT \$ 3,000,000
B	<b>EXCESS AUTO LIABILITY</b>	Y	Y	XSA H10822269	1/1/2025	1/1/2026	COMBINED SINGLE LIMIT \$9,000,000 (EACH ACCIDENT)

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

BLANKET WAIVER OF SUBROGATION IS GRANTED IN FAVOR OF CERTIFICATE HOLDER ON ALL POLICIES WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT WHERE PERMISSIBLE BY LAW. CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED ON ALL POLICIES (EXCEPT FOR WORKERS' COMP/EMPLOYER'S LIABILITY) WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT

**CERTIFICATE HOLDER**

3407072  
CITY OF TWO RIVERS  
1717 EAST PARK STREET  
TWO RIVERS WI 54241-0087

**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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## Payment Confirmation

### Payer Information:

**Payment Made By:** K136 Upper Midwest  
**Payment Made For:** Waste Management  
**Email:** pcardpayments@wm.com  
**Address:** 800 Capitol Street  
Houston, TX 77002  
**Payment Description:** Misc Payment  
**Payment Date:** 6/10/2025 2:40:58 PM

Business Name	Payment Method	Payment Account	Confirmation Number	Amount	Convenience Fee	Total
City of Two Rivers, WI (Misc.)	MC	****2975	92557015	\$950.00	\$28.50	\$978.50

This notice confirms that the above payment was successfully submitted to our payment processor, PSN, and is currently being processed. Thank you for using PSN.

NOTE: While credit and debit cards generally are immediately approved, the transaction is not considered "paid" until the credit or debit card company has "settled" the payment which occurs most often within 24 hours. If there are any issues with your payment, PSN will send an email to the address you provided. If you would like to check the progress of this payment, [log into your profile](#) and select the Payment History option.

#### Contact Us

[PSN Customer Support](#) Submit your question and get a response within one business day.

## Payment Processing Powered by Payment Service Network (PSN)

THIS COMMUNICATION IS INTENDED ONLY FOR THE ADDRESSEE(S) AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED AND CONFIDENTIAL. YOU ARE HEREBY NOTIFIED THAT, IF YOU ARE NOT AN INTENDED RECIPIENT LISTED ABOVE, OR AN AUTHORIZED EMPLOYEE, OR AGENT OF AN ADDRESSEE OF THIS COMMUNICATION RESPONSIBLE FOR DELIVERING E-MAIL MESSAGES TO AN INTENDED RECIPIENT, ANY DISSEMINATION, DISTRIBUTION, OR REPRODUCTION OF THIS COMMUNICATION (INCLUDING ANY ATTACHMENTS HERETO) IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY A REPLY E-MAIL ADDRESSED TO THE SENDER AND PERMANENTLY DELETE THE ORIGINAL E-MAIL COMMUNICATION AND ANY ATTACHMENTS FROM ALL STORAGE DEVICES WITHOUT MAKING OR OTHERWISE RETAINING A COPY.