



**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 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.
CCC	2010 LET2	MC 11362	1CYCCL589AT049541
CCC	2012 LET2	MC 11196	1CTCCL581CT050525
KEN	2018 T880	QB17288	1NKZX4TX7JJ199142
KEN	2020 T880	QB 18146	1NKZX4TX6LJ355268
IHC	2020 4300	FB 57872	1HTEUMML1LH080326
Battle	2025 LET2	MC 13524	1CYAADAJ4S1005701

Dated 6-3-25

Manitowoc Disposal Inc  
(Name of Firm or Corporation)

Amount of Fee: \$ 150

Nick Radandt  
(Individual Completing Form)

920-682-7750  
(Telephone Number)

1800 Johnston Dr  
(Mailing Address)

nick@manitowocdisposal.com  
(E-mail Address)

Manitowoc WI 54220  
(City, State, Zip Code)

Manitowoc Disposal.com  
(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 6/11/25  
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: \_\_\_\_\_

**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 5-624(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, 2025 through June 30, 2030 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 4<sup>th</sup> day of June, 2025.

Very truly yours,

Name of Financial Institution  
Bank First, N.A.

By: Amanda Sitkiewitz  
Amanda Sitkiewitz, Market 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: Fredrick J. Radant  
Fredrick J. Radant – President/Treasurer



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/10/2025

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).

<b>PRODUCER</b> Spectrum Insurance Group Wausau 303 Packerland Dr Ste C PO Box 12495 Green Bay WI 54307	<b>CONTACT NAME:</b> Gina Keller	<b>FAX (A/C, No):</b> 920-884-2851	
	<b>PHONE (A/C, No, Ext):</b> 920-593-2801	<b>E-MAIL ADDRESS:</b> gina.keller@spectruminsgroup.com	
<b>INSURED</b> Manitowoc Disposal Inc. 1800 Johnston Dr Manitowoc WI 54220-1333	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> Secura		22543
	<b>INSURER B:</b> SFM Mutual Insurance		11347
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
<b>INSURER F:</b>			

## COVERAGES

CERTIFICATE NUMBER: 1436929205

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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		CP3372235	8/30/2024	8/30/2025	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 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		A3372236	8/30/2024	8/30/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		CU3372237	8/30/2024	8/30/2025	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
B	<input checked="" type="checkbox"/> <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	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N N/A	129394.104	8/30/2024	8/30/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 100,000

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  
1717 E Park St.  
PO Box 87  
Two Rivers WI 54241-0087

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

*Daniel Z...*

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