



**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, 2022 to June 30, 2023**, 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 2022 - 2023	IDENTIFICATION NO.
CCC	2005 LET2	MC 9768	1CYCAK3865T047061
CCC	2010 LET2	MC 11362	1CYCCL589AT049541
CCC	2012 LET2	MC 11196	1CYCCL581CT050525
KEN	2018 T880	QB 17288	1NKZX4TX7JJ199142
KEN	2020 T880	QB 18146	1NKZX4TX6LJ354268
IHC 4300	FB51301 4300	FB 51301	1HTMMAAM16H159796

Dated 5-6-22

Manitowoc Disposal Inc
(Name of Firm or Corporation)

Amount of Fee: \$ 150.00

Fred 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)

APPLICATION FOR COMMERCIAL GARBAGE HAULER'S LICENSE - Page 2

Each applicant shall be required to furnish a letter of credit in the amount of \$5,000.00 from an acceptable responsible financial institution to be executed on a form prepared by the City of Two Rivers.

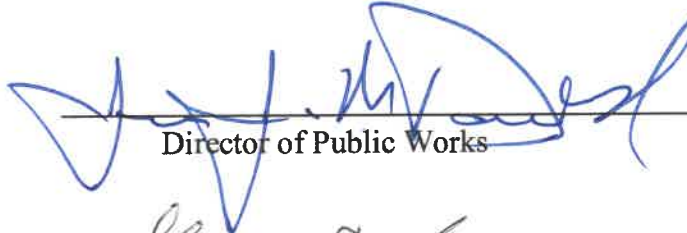
Letter of Credit Furnished 5/10/2021
expires 6/30/2025 Date

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 5/17/2022
expires 8/30/2022 Date

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

Approved by:  5/19/22
Director of Public Works Date

Approved by:  05/23/2022
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: 5-17-2022

Receipt Number: 096979

**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);

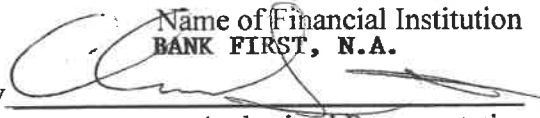
NOW, THEREFORE, the Bank hereby authorizes the City of Two Rivers to draw on the Bank from the account of the applicant up to the aggregated amount of \$5,000.00. The Bank agrees to honor any draft drawn hereunder and waives any rights to defer honor of any such draft. This authorization shall be valid 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.

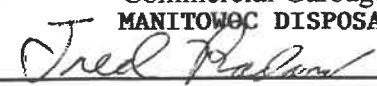
Dated this 10th day of May, 2021.

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.

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/6/2022

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).

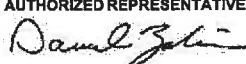
PRODUCER Spectrum Insurance Group Wausau 303 Packerland Dr Ste C PO Box 12495 Green Bay WI 54307	CONTACT NAME: Gina Keller PHONE (A/C, No, Ext): 920-884-2850 E-MAIL ADDRESS: gina.keller@spectruminsgroup.com	FAX (A/C, No): 920-884-2851
	INSURER(S) AFFORDING COVERAGE	
INSURED Manitowoc Disposal Inc. 1800 Johnston Dr Manitowoc WI 54220-1333	INSURER A : Integrity Insurance NAIC # 14303	
	INSURER B : SFM MUT INS CO 11347	
	INSURER C :	
	INSURER D :	
	INSURER E :	

COVERAGES **CERTIFICATE NUMBER:** 1818146496 **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 type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:		CPP2816561	8/30/2021	8/30/2022	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	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/>		CA2816562	8/30/2021	8/30/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0		CUP2816563	8/30/2021	8/30/2022	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 type="checkbox"/> N/A	129394.202	8/30/2021	8/30/2022	<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

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

CERTIFICATE HOLDER City of Two Rivers 1717 E Park St Two Rivers WI 54241	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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Manitowoc Disposal Inc.

RADANDT PORTABLE STORAGE
1800 JOHNSTON DRIVE MANITOWOC, WI 54220-1998
PHONE 920-682-7750

79-113759

5/6/2022

PAY TO THE
ORDER OF

CITY OF TWO RIVERS

\$ **150.00

One Hundred Fifty and 00/100***** DOLLARS

1717 EAST PARK STREET
PO BOX 87
TWO RIVERS WI 54241-0087

Fred Raboin

AUTHORIZED SIGNATURE

MEMO

⑈038392⑈ ⑆075901134⑆ 1001002145⑈

MANITOWOC DISPOSAL INC.

Date	Type	Reference	Original Amt.	Balance Due	5/6/2022 Discount	Payment
5/6/2022	Bill	2022-2023	150.00	150.00		150.00
					Check Amount	150.00

CASH IN BANK-1001

150.00

RECEIPT		DATE <u>5-17-22</u>	No. <u>096979</u>
RECEIVED FROM <u>Manitowoc Disposal</u>		\$ <u>150⁰⁰</u>	
<u>One hundred fifty</u>		DOLLARS	
<input type="radio"/> FOR RENT <input checked="" type="radio"/> FOR <u>2022-2023 Garbage Hauler's</u>			
ACCOUNT		<input type="radio"/> CASH	FROM _____ TO _____
PAYMENT	<u>038392</u>	<input checked="" type="radio"/> CHECK	
BAL. DUE		<input type="radio"/> MONEY ORDER	
		<input type="radio"/> CREDIT CARD	
		BY <u>my Raboin</u>	3-11