



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

Dated 5-10-2023

Waste Management (Name of Firm or Corporation)

Amount of Fee: \$ 450.00

Colleen Hauts
(Individual Completing Form)

920-469-4835

(Telephone Number)

chouts@wm.com
(E-mail Address)

(E-mail Address)

(Website Address)

1861 E. Allouez Ave

(Mailing Address)

Green Bay WI. 54311

(City, State, Zip Code)

Unit	License Plate Number	VIN	Vehicle Yr	Make	Model
211929	SB12104	1M2AV17C7FM010954	2015	MACK	MRU633
212163	SB12372	1M2AV17C5GM011165	2016	MACK	MRU633
212164	SB12373	1M2AV17C7GM011166	2016	MACK	MRU633
212597	SB12600	1M2AV17C9GM011380	2016	MACK	MRU633
212598	SB12599	1M2AV17C0GM011381	2016	MACK	MRU633
212599	SB12598	1M2AV17C2GM011382	2016	MACK	MRU633
212600	SB12601	1M2AV17C2GM011379	2016	MACK	MRU633
212714	SB12723	1M2AV17C8GM011483	2016	MACK	MRU633
214775	SB13068	3BPDLH0X9KF106598	2019	PETERBILT	520
214776	SB13067	3BPDLH0X0KF106599	2019	PETERBILT	520
214777	SB13789	3BPDLH0X3KF106600	2019	PETERBILT	520
214778	SB13790	3BPDLH0X5KF106601	2019	PETERBILT	520
414582	SB13620	1NPSLHEX4GD328845	2016	PETERBILT	365
414984	QB16402	1NPSXHEX2GD357880	2016	PETERBILT	365
414988	QB17820	1NPSXHEXXGD357884	2016	PETERBILT	365
415116	QB16536	1FVHG3D93GHFS3489	2016	FREIGHTLINER	114SD
415117	QB16468	1FVHG3D9XGHFS3490	2016	FREIGHTLINER	114SD
415118	QB17830	1FVHG3D91GHFS3491	2016	FREIGHTLINER	114SD
415120	QB16469	1FVHG3D95GHFS3493	2016	FREIGHTLINER	114SD
415214	SB12781	1FVHG3D90HHFS3466	2017	FREIGHTLINER	SD114
415215	SB12782	1FVHG3D92HHFS3467	2017	FREIGHTLINER	SD114
416490	QB17586	1FVMG3FW5KHKL7490	2019	FREIGHTLINER	SD114
416491	QB17588	1FVMG3FW7KHKL7491	2019	FREIGHTLINER	SD114
416492	QB17587	1FVMG3FW9KHKL7492	2019	FREIGHTLINER	SD114
417378	QB18125	1NPCLHEX2LD724805	2020	PETERBILT	567
417379	QB18102	1NPCLHEX2MD724806	2020	PETERBILT	567
417380	QB18100	1NPCLHEX6LD724807	2020	PETERBILT	567
417973	TB6127	1NPCLK0X8JD482510	2018	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	1NPCLHEXXND815646	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
633687	JB15190	2NP2HJ7X5MM750957	2021	PETERBILT	337

SUMITOMO MITSUI BANKING CORPORATION

277 Park Avenue
New York, NY 10172, U.S.A.

MAY 12, 2023

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, 2024.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

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

DocuSigned by:



596FEF180170440...

SHAYLA TRAMEL
DIRECTOR

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, 2023 through June 30, 2024, 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 _____ day of _____, 2023.

Very truly yours,

Name of Financial Institution

By _____
Authorized Representative

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

By _____
Authorized Representative



CERTIFICATE OF LIABILITY INSURANCE

1/1/2024

DATE (MM/DD/YYYY)
12/7/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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	LOCKTON COMPANIES 3657 BRIARPARK DRIVE, SUITE 700 HOUSTON TX 77042 866-260-3538	CONTACT NAME: PHONE: (A/C No, Ext): E-MAIL: ADDRESS:	FAX (A/C, No):
		INSURER(S) AFFORDED COVERAGE	NAIC #
INSURED	WASTE MANAGEMENT HOLDINGS, INC. & ALL AFFILIATED, RELATED & SUBSIDIARY COMPANIES INCLUDING: WASTE MANAGEMENT OF WISCONSIN, INC. 1861 EAST ALLOUEZ AVENUE GREEN BAY WI 54311	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 :	

COVERAGES WIGREB02

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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU INCLUDED <input checked="" type="checkbox"/> ISO FORM CG00010413 <small>GEN'L AGGREGATE LIMIT APPLIES PER:</small> <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO- JECT <input checked="" type="checkbox"/> LOC <small>OTHER:</small>	Y	Y	HDO G72955924	1/1/2023	1/1/2024	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"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> MCS-90	Y	Y	MMT H25575398	1/1/2023	1/1/2024	COMBINED SINGLE LIMIT (ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$	Y	Y	XEUG27929242 008	1/1/2023	1/1/2024	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$ XXXXXXXX
A B C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS LIABILITY <small>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?</small> <small>(Mandatory in NH)</small> <small>If yes, describe under DESCRIPTION OF OPERATIONS below</small>	Y/N <input checked="" type="checkbox"/> N	N/A	WLR C70311094 (AOS) WLR C70311057 (AZ,CA & MA) SCF C70311136 (WI)	1/1/2023 1/1/2023 1/1/2023	1/1/2024 1/1/2024 1/1/2024	<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	EXCESS AUTO LIABILITY	Y	Y	XSA H25575350	1/1/2023	1/1/2024	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

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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