

**APPLICATION FOR VILLAGE OF NEW AUBURN WASTE COLLECTION (MANAGEMENT) PERMIT**

**Ref: Section 7.01 Village of New Auburn Ordinances**

Name of Applicant:	
Address:	_____
Business Telephone No.	
Residential Telephone No.	
Type of Permit Requested:	<u>Waste collection permit</u>
Application Date:	
Dates requested for Hearing:	
Dates requested for Issuance of Permit:	
Age of Applicant:	
Name, address and telephone number of agent of Applicant, if any.	_____ _____ _____

Describe waste use, activity or operation and premises or area for operation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe equipment to be used in the operation or activity and arrangements for nuisance control and environmental protection.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe likely routes of travel and hours of travel for waste use, activity or operation and your past experience in the use, activity or operation for which the permit is requested.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FORM OF BUSINESS ENTITY:**

- \_\_\_\_\_ (a) Sole Proprietorship
- \_\_\_\_\_ (b) Wisconsin Corporation. If so, enter the names of officers:  
\_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_ (c) Partnership. Is so, enter name of the partnership and of the partners.  
\_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_ (d) Other form of business: Indicate the form of business and names and addresses of owners:  
\_\_\_\_\_  
\_\_\_\_\_

**LIABILITY INSURANCE:**

Do you have in effect liability insurance with limits in at least the amounts set for in Section 7.01(3) of the ordinance (\$1,000.000)? Is so, produce and attach to this application proof of such insurance. \_\_\_\_\_ Yes \_\_\_\_\_ No

**WORKERS COMPENSATION INSURANCE:**

Do you have in effect workers compensation insurance? Is so, produce and attach to this application proof of such insurance. \_\_\_\_\_ Yes \_\_\_\_\_ No

**STATISTICAL REPORTING REQUIREMENT:**

The Village of New Auburn is obligated to maintain records of solid waste and/or recyclables hauled to enable the village to apply for grants for recycling. For this reason, the Village requires commercial haulers to collect, preserve and provide such information to the Village.

Do you have in effect a system for monitoring tonnage and type of waste and other information required by the State of Wisconsin for reports on recycling and recycling grant applications? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you have a system, attach to this application a copy of the report which would be generated and provide a description of the reporting system.

Do you, as a condition of this license, agree to provide the Village of New Auburn with such additional statistics and information as may be reasonable requested to apply for recycling grants? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you agree and consent that failure to abide by the terms of this ordinance including reporting of statistics will be cause for revocation of any license granted or refusal to renew license? \_\_\_\_\_ Yes \_\_\_\_\_ No

**ULTIMATE DISPOSAL SITE:**

What is the name and address of the ultimate disposal site of solid waste hauled for the Village of New Auburn?

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this site approved by the Department of Natural Resources (DNR) for the State of Wisconsin? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If waste is to be hauled to more than one site, indicate the office information for all sites to which solid waste may be hauled:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FLOW CONTROL OF RECYCLABLES:**

The Village of New Auburn maintains a recycling program. Do you agree to haul recyclables to a location, recycling center, or recycling agent approved by the Village of New Auburn, pay the tipping fees, if any, for such disposal, and report statistics and hauling of recyclables? \_\_\_\_\_ Yes \_\_\_\_\_ No

**UNAUTHORIZED HAULING:**

Attached to this application is a copy of the ordinance. Have you read the ordinance? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Do you understand the requirement of the ordinance, including the daily penalty for unauthorized hauling? \_\_\_\_\_ Yes \_\_\_\_\_ No

**FEE:**

An annual license fee of \$25.00 is imposed for the license. Such fee must accompany this application.  
For Charitable Organization Permit, the fee is \$2.00.

Signature of Applicant:

\_\_\_\_\_

\*\*\*\*\*  
Action taken by Village Clerk: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPROVED: \_\_\_\_\_ Yes \_\_\_\_\_ No Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_