



**CITY OF VIRGINIA APPLICATION
FOR
SOLID WASTE HAULER'S LICENSE**

FEE: \$100.00/YEAR

LICENSE YEAR ENDING DECEMBER 31, _____

APPLICANT INFORMATION:

BUSINESS INFORMATION:

First Middle (No Initials) Last

Business Name

Applicant Address City, State, Zip

Business Address City, State, Zip

Federal Tax ID No. State Tax ID No

Business Phone Number

OWNER(S) INFORMATION:

First Middle (No Initials) Last

First Middle (No Initials) Last

Owner Address

Owner Address

City, State, Zip Owner's Social Security No.

City, State, Zip Owner's Social Security No.

Owner's Telephone Number

Owner's Telephone Number

PLEASE LIST LOCATIONS WHERE PICKUPS ARE MADE WITHIN THE CITY LIMITS

Address

Address

Address

Address

PLEASE LIST RATES TO BE CHARGED

INSURANCE REQUIREMENTS: (\$100,000/PERSON; \$300,000/ACCIDENT; \$10,000/PROPERTY DAMAGE)

Name of Insurance Company

Insurance Policy Number

THE UNDERSIGNED HEREBY AGREES TO OPERATE IN THE CITY OF VIRGINIA IN ACCORDANCE WITH THE REGULATIONS GOVERNING CONTRACTORS, AS SET FORTH IN THE CITY OF VIRGINIA SOLID WASTE ORDINANCE. IT IS UNDERSTOOD THAT FAILURE TO CONFORM OR ABIDE RENDERS THIS LICENSE NULL AND VOID.

Signature of Applicant

Date