

**APPENDIX "J"**

**APPLICATION FOR LICENSE**

**GARBAGE DISPOSAL SERVICE**

As set forth in **Chapter 6, Article I, Section 6** of the City of Sullivan Municipal Code, as adopted by the City Council of the City of Sullivan at regular meeting on **September 12, 1977**;

1. Name of Applicant/Owner \_\_\_\_\_  
Address of Applicant/Owner \_\_\_\_\_  
Telephone No. \_\_\_\_\_
2. Applicant doing business under the name of \_\_\_\_\_  
\_\_\_\_\_  
Business Address of Applicant \_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_
3. Name of Manager of Business \_\_\_\_\_  
Address of Manager \_\_\_\_\_  
Telephone No. \_\_\_\_\_
4. Location of Landfill which Applicant will use \_\_\_\_\_  
\_\_\_\_\_
5. Does the Landfill have E.P.A. approval? \_\_\_\_\_
6. Business Name of Landfill \_\_\_\_\_
7. Owner of Landfill \_\_\_\_\_  
Telephone No. of Owner \_\_\_\_\_
8. Manager of Landfill \_\_\_\_\_  
Telephone No. of Manager \_\_\_\_\_  
Telephone No. of Landfill \_\_\_\_\_

9. State the type of Garbage Truck and Equipment to be used in the hauling and disposing of garbage by the owner/applicant: \_\_\_\_\_  
\_\_\_\_\_
10. Please state three references who are qualified to attest to your qualifications to operate a garbage disposal service in the manner required herein and to meet all E.P.A. standards \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. The owner/applicant further acknowledges that by signing this application he will abide by all regulations stated in Section 6 of the Municipal Code of the City of Sullivan. He further acknowledges that if such application is approved by the Commissioner of Public Health and Safety, said owner/applicant will furnish to the City Council of the City of Sullivan a surety bond in the amount of **\$500.00** to guarantee his faithful performance. If said application and surety bond is accepted and approved by the Council, a license to operate a Garbage Disposal Service will be granted.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Owner/Applicant

Approved by:

\_\_\_\_\_  
Commissioner of Public Health and Safety

Date: \_\_\_\_\_, 20\_\_