APPENDIX "LL"

APPLICATION FOR LICENSE
CITY RUBBISH DUMP

1. Name of Applicant: _____

   Address: _____

   Telephone Number: _____

2. Applicant doing business as: _____

   Business Address: _____

   Business Telephone: _____

3. Name of Manager: _____

   Address: _____

   Telephone: _____

4. Vehicle Description and license number to be tagged:

   _____

5. Description and license number of additional vehicles to be tagged:

   _____
   _____
   _____

Date of Application: _____

Signature of Applicant: _____

City of Sullivan

Application: Approved: _____ Disapproved: _____

Date: _____

Fee Paid: _____ Date: _____

License/Tag No.(s): _____ _____ _____
_____ _____ _____

[Supplement No. 19; 03-01-13]