CITY OF LANSING APPLICATION FOR LICENSE - WASTE HAULER

(City Codified Ordinances – Chapter 852 & Chapter 1060)

The non-refundable fee for a Waste Hauler license is \$50.00 application fee and \$35.00 for each vehicle. License expires April 30 each year.

Business Name	e				
DBA or trade na	ame (if any)				
	r ()). No		
-RECYCLING	IS MANDATORY-				
Disposal Site fo	or Solid Waste				
		Name & Address of	of Site		
Disposal Site fo	or Recyclable Materials				
•	,	Name & Address of	of Site	_	
Disposal Site fo	or Yard Waste				
Dioposai Sito it	or raid tracto	Name & Address of	of Site	_	
The Applicant	certifies that as an express co	ondition of each license	issued, he/she will:		
1.	Comply with all provisions of				
2. 3.	Have suitable types of containers and an appropriate number of containers to provide adequate service Have a schedule of pick-ups for solid waste, recyclable materials and/or yard waste				
3. 4.		cyclables and/or yard w	vaste that have not been separated and will leave the	ıe	
5.			rt quantities of each material hauled		
	ation of any material fact in the Waste Hauler license.	this application or fail	ure to comply with all applicable laws may result i	'n	
Signature			Date		
	Owner or Corporate Officer				
Title					
**************************************		Approvals:	**********************	*	
Building Safety	y		Date		
City Treasurer			Date		
Public Service			Date		

Lansing City Clerk's Office
Ninth Floor, City Hall, 124 W. Michigan Ave., Lansing, MI 48933-1695
517-483-4131 • TDD 517-483-4479 • 517-377-0068 FAX
www.lansingmi.gov/clerk • clerk@lansingmi.gov

APPLICATION FOR LICENSE - WASTE HAULER

Applicant	License Expires April 30 each yea
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Use*	Year	Make	Model	V.I.N.	Owner/Co. Vehicle No.	License Plate No.	Waste Hauler License No.

^{*1-}Solid Waste; 2-Recyclables; 3-Yard Waste (More than one may be listed)



VIRG BERNERO, MAYOR

CITY TREASURER * INCOME TAX DIVISION (517) 483-4121 (517) 483-4114

1ST Floor – City Hall 124 West Michigan Avenue Lansing MI 48933

LANSING TREASURY INFORMATION REQUEST

Complete a separate form for each individual subject to verification

Applicant/Employee Information

Name:	
Home Address:	
	Since
Daytime Phone Number:	
Social Security #:	
Drivers License #:	
Date of Birth:	
Employer/Business Information	
Corporate Name:	
Doing Business As:	
Address:	
Business Phone #:	
Federal Employer Identification #:	
Do you, or any of these businesses, owe the City m	
f Yes, for what reason?	
Name of any other Lansing area business in which 25%	•
Signature	Date