



Chris Swope

Lansing City Clerk

Waste Hauler License Application

(City Codified Ordinances – Chapter 852.01 – 852.99 & 1060.01-1060.99)
<http://mi-lansing.civicplus.com/171/Business-Licenses>

Applicant Checklist: (Ensure All Items Completed)

Payment:

Treasury Form Completed:

Application Completed:

ANNUAL NON-REFUNDABLE LICENSE FEE: \$50.00 and \$35.00 each vehicle
The non-refundable fee for a Waste Hauler license is \$50.00 application fee and \$35.00 for each vehicle.

Expires April 30th each year

Business Name		Business Phone Number
DBA		
Business Address	City	State, Zip

Business Owner/ Corporation Officer		Owner Phone Number
Owner Address	City	State, Zip
Owner Email Address		
Federal I.D Number		

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

Same as above:

Applicant Name		Applicant Phone Number	
Applicant Address	City	State, Zip	
Applicant Email Address			

-----**RECYCLING IS MANDATORY**-----

Disposal for:	Name of Site:	Address of Site:
Solid Waste		
Recyclables Materials		
Yard Waste		

The Applicant certifies that as an express condition of each license issued, he/she will:

1. Comply with all provisions of City, State, and Federal laws
2. Have suitable types of containers and an appropriate number of containers to provide adequate service
3. Have a schedule of pick-ups for solid waste, recyclable materials and/or yard waste
4. Not pick up solid waste, recyclables and/or yard waste that have not been separated and will leave the customer an informational tag
5. Semi-annually, on forms provided by the City, report quantities of each material hauled

Misrepresentation of any material fact in this application or failure to comply with all applicable laws may result in revocation of the Waste Hauler license.

Owner or Corporate Officer's Signature

Date

Title

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OFFICIAL USE ONLY

Approvals:

Building Safety

Date

City Treasurer

Date

Public Service

Date

OFFICIAL USE

Amount paid: _____

Date paid: _____

License #: _____

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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 #: _____

Driver's 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 money for any reason? Yes ___ No ___

If Yes, for what reason? _____

Name of any other Lansing area business in which your ownership participation exceeds 25% _____

Signature

Date

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