



**CHARTER TOWNSHIP OF WATERFORD
CLERK'S OFFICE**

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Phone 248-674-6266 • Fax 248-674-5455
Web Page www.waterfordmi.gov

WASTE HAULER LICENSING APPLICATION

CLERK'S USE ONLY	
Annual Waste Hauler License Fee: \$100.00	
Date Received: _____	Non-Refundable Application Fee Paid _____
Application Review: _____	License Number: _____

1. Contact Information

NAME	ADDRESS		
CITY	STATE	ZIP	
EMAIL ADDRESS	PHONE		

2. Name and Location of Business/Applicant

NAME OF BUSINESS	
ADDRESS	
CITY, STATE ZIP CODE	
BUSINESS PHONE NUMBER	BUSINESS FAX
E-MAIL	PARCEL NUMBER AND ZONING IF LOCATED WITHIN WATERFORD TOWNSHIP

3. Days of the Week and Hours of Operation

HOURS OF OPERATION	DAYS OF THE WEEK
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This license will be held by

- Individual (**Attach** copy of any Assumed Name Certificate)
- Partnership (**Attach** a copy of Partnership Certificate)
- Corporation (**Attach** a copy of Articles of Incorporation)
- Limited Liability Company (**Attach** a copy of Articles of Organization)

4. Complete the following information on all owners partners and stockholders with a 10% or more ownership interest that will be involved in the operation and/or management of the proposed licensed business, members, and managers (use attach additional sheets if needed):

COPIES OF MOTOR VEHICLE OPERATOR'S LICENSES MUST BE ATTACHED FOR ALL OWNES, PARTNERS, STOCKHOLDERS, AND MANAGERS

NAME	TITLE	PHONE NUMBER
ANY OTHER NAME OR ALIAS THIS INDIVIDUAL HAS BEEN KNOW BY	DRIVER'S LICENSE NUMBER	
ADDRESS	DATE OF BIRTH	
CITY	STATE	ZIP CODE
LIST ALL FELONY AND MISDEMEANOR CONVICTIONS	ARRESTING AGENCY	DATE
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NAME	TITLE	PHONE NUMBER
ANY OTHER NAME OR ALIAS THIS INDIVIDUAL HAS BEEN KNOW BY	DRIVER'S LICENSE NUMBER	
ADDRESS	DATE OF BIRTH	
CITY	STATE	ZIP CODE
LIST ALL FELONY AND MISDEMEANOR CONVICTIONS	ARRESTING AGENCY	DATE
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5. Attach a copy of each license issued by the State of Michigan to the proposed licensee and provide the following information for each license.

TYPE OR NAME OF LICENSE	LICENSE NUMBER	DATE OF LICENSE
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6. Attach a description of the waste hauler services provided by reference to the types of properties single or multi-family residential, commercial, industrial, or other use), the method of collection (curbside pickup, dumpsters, or other), and the frequency of service for each type of property and method of collection.

7. Attach :

A list of the vehicles and other equipment to be used in providing the waste hauler services, that for each vehicle and piece of equipment, includes the following information:

- (1) Description of the size, weight, and purpose or use.
- (2) Year, make, model, and for vehicles required to be licensed, the license plate number and month of expiration, and proof of insurance.
- (3) A copy of the most recent governmental inspection certificate or report.

8. Attach:

A list of the sites of generation for which waste hauler services are being provided, that for each site includes the following information:

- (1) The address and customer name.
- (2) The type of property (single or multi-family residential, commercial, industrial, or other use.)
- (3) The method of collection (curbside, dumpster, or other.)
- (4) The frequency and scheduled day of collection or service.
- (5) If the services being provided have been paid for in advance, the date through which services have been paid for and the date of the last payment.

9. Attach a schedule of fees and charges made to customers for waste hauler services.

10. Attach proof of commercial general liability insurance.

THE UNDERSIGNED APPLICANT ACKNOWLEDGES AND AGREES TO COMPLY WITH THE DESIGNATED RESIDENTIAL WASTE HAULER PROVISIONS IN DIVISION 1A OF CHAPTER 9 OF THE WATERFORD TOWNSHIP CODE OF ORDINANCES AND HEREBY SWEARS THAT ALL OF THE STATEMENTS, ANSWERS AND INFORMATION I HAVE PROVIDED IN OR AS PART OF THIS APPLICATION ARE TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. AND I UNDERSTAND AND ACKNOWLEDGE THAT ANY FALSEHOODS OR MISREPRESENTATIONS CONTAINED IN SUCH STATEMENTS, ANSWERS OR INFORMATION CAN, AMONG OTHER THINGS, BE THE CAUSE OF A DENIAL OF THE REQUESTED LICENSE AND CAUSE FOR THE REVOATION OF ANY LICENSE ISSUED TO THE APPLICANT UNDER CHAPTER 10 OF THE WATERFORD TOWNSHIP CODE.

DATE: _____

SIGNED: _____

PRINT NAME: _____

Subscribed and sworn:

_____ County, Michigan Acting in _____ County Notary Public _____

My Commission Expires: _____