

New: \_\_\_\_\_

License Fee: \_\_\_\_\_

Renewal: \_\_\_\_\_

Receipt #: \_\_\_\_\_

## APPLICATION FOR WASTE HAULER LICENSE

Legal/Real Name: \_\_\_\_\_

Trade name of business: \_\_\_\_\_

Address of above: \_\_\_\_\_

Phone number of business: \_\_\_\_\_

License Period: \_\_\_\_\_

**FOR ALL APPLICANTS:** Each applicant MUST give us a copy of their current bond for the above business. The bond should have the same name on it as shown above and should have the beginning and ending dates on it.

### EACH APPLICANT MUST CHECK ONE OF THE FOLLOWING:

\_\_\_\_\_ I am engaged in the business of cleaning septic tanks, seepage pits or grease traps or collecting sewage or other liquid waste materials in the State of Wisconsin. \*

\*Requires DNR License AND City of La Crosse Waste Hauler License per City Code Sec. 16-2.

\_\_\_\_\_ I am only transporting and disposing waste materials and not engaged in the business described above. \*\*

\*\*Requires City of La Crosse Waste Hauler License per City Code Sec. 16-2. Waste Hauler shall provide written verification from the Department of Natural Resources that a license from the State is not required.

The above hereby makes application for a Waste Hauler license within the City of La Crosse pursuant to provisions of Sec. 16-2 of the Code of Ordinances for the City of La Crosse.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

**OFFICE USE ONLY:** Customer #: \_\_\_\_\_ License #: \_\_\_\_\_

**PERSONAL DATA SHEET**  
**(PLEASE PRINT ALL INFORMATION)**

Each Officer AND Manager/Person in Charge must complete all the information and must indicate if they have been convicted of any of the following within the last ten (10) years: a felony, a misdemeanor, a statutory violation punishable by forfeiture or a county or municipal ordinance violation. If none, write "none".

**Name of Manager/Person in Charge:** \_\_\_\_\_  
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: \_\_\_\_\_  
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Violations: \_\_\_\_\_  
\_\_\_\_\_

**Name of Officer:** \_\_\_\_\_  
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: \_\_\_\_\_  
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Violations: \_\_\_\_\_  
\_\_\_\_\_

**Name of Officer:** \_\_\_\_\_  
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: \_\_\_\_\_  
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Violations: \_\_\_\_\_  
\_\_\_\_\_

**Name of Officer:** \_\_\_\_\_  
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: \_\_\_\_\_  
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Violations: \_\_\_\_\_  
\_\_\_\_\_

**Name of Officer:** \_\_\_\_\_  
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: \_\_\_\_\_  
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Violations: \_\_\_\_\_  
\_\_\_\_\_