

CITY OF ATLANTIC, IOWA

Permit Application for  
Solid Waste Collectors and Tree Trimmers

As Sworn under Oath, the undersigned, in support of their request for issuance of such license states the following:

Date\_\_\_\_\_

1. Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Individual Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Individual Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Individual Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

2. Insured By: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

3. I hereby state that I have received a copy of the ordinance governing Tree Trimmer's Permits and Solid Waste Collector's Permits from the Code of Ordinances, City of Atlantic, Iowa, and that I will abide by the rules and regulations stated herein the ordinance. I certify that the above names are employees of the above-mentioned business and when employees change, I will notify the city clerk and make the amendments as required.

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Applicant's Signature

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Print Applicant's Name