



CITY OF
Atlantic

23 East 4th Street
Atlantic, IA 50022
City Hall: (712) 243-4810
Fax: (712) 243-4407
www.atlanticiowa.com

SOLID WASTE COLLECTOR APPLICATION

Permit No. _____ - _____

Applicant Information

Business Name: _____ Date: _____

Address: _____
Street Address *Apartment/Unit #*

_____ _____
City *State* *ZIP Code*

Phone: _____ Owner Name _____

Email: _____

Insurance Company: _____

Do you use Independent Contractors? **If so, please attach their Certificates of Insurance**

YES NO

Do you have employees? **If so, please attach proof of Work Comp insurance.** YES NO

Please list all independent contractors and phone numbers:

Please ensure that all portions of this application are completed and that a current Certificate of Insurance is on file with the City of Atlantic. Applications will not be processed until all information is complete and all insurance is on file.

In support of the request for the issuance of a Tree Trimmer/Solid Waste Collector license, I hereby state that the above information is correct and truthful. I further hereby state that I will abide by the rules and regulations stated in the City of Atlantic Ordinances regarding Solid Waste Collectors. I understand that misrepresentation on this application may result in denial or revocation of permit. I further understand that a lapse in any insurance coverage may result in revocation of my permit.

Signature: _____ Date: _____

For City Use Only

Council	YES	NO	Date	Permit
Approved	<input type="checkbox"/>	<input type="checkbox"/>	Approved: _____	Valid
				From: _____ To: _____

**City Clerk
(or designee)
Signature:** _____