

City of La Crosse, Wisconsin APPLICATION FOR WASTE HAULER LICENSE

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BUSINESS Legal/Real Nar	INFORMATION ne:				
Address of Ab	ove: Street	City	State	Zip Code	
Trade Name of Business:			Phone Number of B	Phone Number of Business:	
OR ALL AI	PPLICANTS:				
* *	t MUST give us a copy of their current be we and should have the beginning and end		ess. The bond should have	e the same name on it	
EACH APPL	ICANT MUST CHECK ONE OF TI	HE 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 Licens	re per City Code Sec. 16-2.		
	am only transporting and disposing was	te materials and not eng	aged in the business descri	bed above.	
	Requires City of La Crosse Waste Hauler I from the Department of Natural Resources to		_	de written verification	
	reby makes application for a Waste Haule of Ordinances for the City of La Crosse.		of La Crosse pursuant to	provisions of Sec. 16-	
	Signature of	Signature of Applicant		Date	
0.000.00					
OFFICE US	SE UNLY	Date:	Granted:	License #:	
orginatule.		Date.	Grantou.	Liceliae #.	