



**CITY OF CHESTERFIELD
APPLICATION FOR COMMERCIAL TRASH HAULING LICENSE**

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

E-MAIL ADDRESS: _____

OWNER'S NAME: _____

OWNER'S ADDRESS: _____

OWNER'S PHONE: _____

PLEASE ATTACH:

- **A copy of your application to St. Louis County for Waste Transportation Vehicles.**
- **A copy of your St. Louis County License.**

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Type of waste to be transported:

Residential _____

Industrial _____

Commercial _____

Hazardous, infectious or any combination thereof _____

2. Please indicate the site(s) where waste will be deposited by the hauler, be it landfill, transfer station, or otherwise;

3. Please provide a list of all waste haulers who will be operating the waste hauling vehicles or using the mobile waste containers and the waste hauler's address and telephone number, and the name under which the waste hauling business will be conducted.
4. Please indicate the motor vehicle license numbers and fleet vehicle numbers assigned by the hauler of the vehicle. Attach additional pages, if necessary.
5. Please indicate the general area served and to be served by operation of the owner's hauling business vehicle. (Include a list of properties by address on a separate page.)
6. Please include a statement of your agreement to refrain from serving any commercial customer prior to 7:00 a.m. or after 7:00 p.m.
7. Please submit evidence of insurance coverage with this application, as listed below, and include the City of Chesterfield as an additional, named insured:

| | |
|---------------------------------|-------------|
| Comprehensive General Liability | \$1,000,000 |
| Property Damage | \$1,000,000 |
| Automobile Liability | \$1,000,000 |

Worker's Compensation, with minimum limits as set by law.

(Please note that no insurance policy will be approved that provides less than thirty days notice of termination or cancellation.)

8. Number of waste hauling vehicles actually operating or located in the City of Chesterfield _____.

FEES:

Charge for first 5 vehicles: _____ X \$25.00 = \$ _____
(No. of vehicles)

ADD:

Charge for vehicles in excess of 5, but less than 51:
 _____ X \$15.00 = + _____
(No. of vehicles)

ADD:

Charge for vehicles in excess of 50:
 _____ X \$10.00 = + _____
(No. of vehicles)

TOTAL: (ADD ALL THREE LINES) \$ _____

THE INFORMATION GIVEN ABOVE IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SIGNATURE OF PRINCIPAL OFFICERS

PLEASE PRINT NAME AND TITLE

PHONE NUMBER _____

Revised 7/2014
Ordinance #1176

FOR OFFICE USE ONLY

Application: _____
Statement of Hours: _____
Payment: _____

Insurance Coverage:
G/L, P/D, A/L, W/C: _____
Statement of Sales: _____