



SANITATION PERMIT APPLICATION

Date: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Phone: _____

Please provide a copy of Certificate of Insurance with limits of \$300,000 Personal and \$50,000 Property. Certificate shall show insurance carrier's name, address, and policy number.

Number of vehicles to operate within City Limits: _____

Tag/License #	Year	Make	VIN#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Amount Due: **\$600.00**