



# APPLICATION FOR COMMERCIAL RECYCLING LICENSE

<b>Business Name:</b>	<b>Mailing Address:</b>
<b>Name of Applicant:</b>	<b>Applicant Title:</b>
<b>Applicant Email:</b>	<b>Business Phone:</b>

I am requesting a license to haul commercial recyclables in the City of Chippewa Falls with the regular term of the license being July 1 – June 30.

I am enclosing a copy of our **Certificate of Insurance** and **Surety Bond** as required by the City Code.

I will comply will all provisions of Chapter 11 of the City Code and all other related ordinances, statutes, and regulations.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Fees:**

Quantity	Description	Unit Price	Amount
	Recycling Only	\$100.00 each	
	Recycling (If holder of a Garbage License)	\$50.00 each	
	Commercial Vehicles	\$50.00 each	
<b>Total</b>			

Mail To:  
City of Chippewa Falls, 30 W Central Street, Chippewa Falls, WI 54729  
**Checks should be made payable to the City of Chippewa Falls**