



City of **MENOMONIE**

clerk@menomonie-wi.gov

(715) 232-2221 Ext 1006

800 Wilson Avenue

Menomonie, WI 54751

Solid Waste Collection License Application

License expires on June 30th, 20____

Application Date: _____

I hereby apply for a solid waste collection license under Title 3, Chapter 18, of the City Code of Menomonie and hereby agree to comply with all provisions of said ordinance and any amendments thereof if a license is granted to me.

Name of Owner(s): _____

Business Name: _____

Business Street Address: _____

City: _____ Zip Code: _____

Email: _____ Phone#: _____

WI Permit #: _____

Description of Vehicles - Attach a description of vehicles in excess of three.

	Vehicle #1	Vehicle #2	Vehicle #3
Make			
Model			
License #			
Container Type			

Print Name _____

Applicant Signature _____

Fee: \$50.00 + \$25.00 for each vehicle in excess of one

Amount Paid: \$ _____

Receipt: _____

I, Catherine Martin, Clerk of the City of Menomonie, do hereby certify that the above is a true and correct copy of the solid waste collection license application on file in my office in accordance with Title 3, Chapter 13, Section 1 of the City Code, and a permit is hereby issued for same.

Dated this _____ day of _____, 20_____.

Catherine Martin, City Clerk _____