

**APPLICATION FOR SOLID WASTE HAULER PERMIT****\$30 Permit Fee****Permit expires December 31<sup>st</sup>**

Application Date \_\_\_\_\_

**Business Name** \_\_\_\_\_

Local Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Home Office Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Name of Local Manager \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Johnson County Hauler License No. \_\_\_\_\_

**Please attach to this application the following documents:**

**Liability Insurance Coverage-** *Hauler shall maintain General Liability Coverage including Premises-Operations Liability, Independent Contractors Liability, Products and Completed Operations, and Broad form Property Damage with the following minimum limits:*

***Bodily Injury & Property Damage****\$1,000,000 combined single limit per occurrence  
\$2,000,000 annual aggregate**Fire Damage Liability**\$ 100,000**Medical Payments**\$ 5,000****Automobile Liability****Bodily Injury & Property Damage**\$1,000,000 combined single limit per occurrence**Worker's Compensation**Statutory**Employers Liability**\$ 500,000 each accident**\$ 500,000 disease-policy limit**\$ 500,000 disease-each-employee*

**I understand and acknowledge that seven percent (7%) of Gross receipts shall be paid monthly to the City of Merriam, duly certified by a Licensed Certified Public Accountant. If this is not paid by the 15<sup>th</sup> of the following month, a 1.5% per month late charge will be added. I further agree to operate within the guidelines of Johnson County Code of Regulations for Solid Waste Management and City of Merriam Code, Chapter 56-Solid Waste.**

\_\_\_\_\_  
Signature\_\_\_\_\_  
Title\_\_\_\_\_  
Date