APPLICATION FOR COLLECTOR'S LICENSE

Name A-1 Disposal Service
Street Address 5245 Downs Blvd SW
City, State, Zip Code Cedar Rapids, IA 52404
Phone 319-364-1526 Email tammyr@wattstrucking.com

Equipment: Please furnish a complete and accurate list of the number and type of collection and transportation equipment, including VIN, to be used on our city streets.

Collection Program: Please provide a description of the frequency, routes and method of collection to be used.

Disposal: Please furnish a statement as to the precise location and method of disposal or processing facilities to be used. If you are using a processing facility, please include a complete list of items you will be accepting for recycling.

Insurance: Please attach a copy of the public liability insurance for your business in the following amounts:

Bodily Injury	$500,000 per person
	$100,000 per occurrence
Property Damage	$100,000

If this coverage is discontinued or changed, the City of Hiawatha shall be notified. The cancellation clause shall show cancellation with 30 days written notice.

License Fee: Submit a license fee of $100. Council will approve the original application that will be effective for one year. The application can be renewed annually with payment of the required fee, provided the applicant continues operations in the same manner and furnishes the City with a current listing of vehicles, equipment and facilities and a current certification of insurance.

Hauler hereby agrees that they will keep accurate and complete records of all waste tonnage, recycling tonnage and solid waste tonnage collected and will prepare and submit to the City, a minimum of twice a year, by June 30 and December 30, landfill diversion charts and recycling information required by the Iowa Department of Natural Resources and Linn County. The hauler agrees that this will be accurate information and understands that failure to submit such documentation or misrepresentation of such documentation will be cause for license to be terminated.

A-1 Disposal Service
Name of Collector

Signed 6-9-16
Date

APPLICATION FOR COLLECTOR'S LICENSE

Name WASTE MANAGEMENT OF CEDAR RAPIDS
Street Address 4220 THOMAS DR SW
City, State, Zip Code CEDAR RAPIDS IA 52404
Phone 319. 362. 9916 Email nwghlert@wm.com

Equipment: Please furnish a complete and accurate list of the number and type of collection and transportation equipment, including VIN, to be used on our city streets.

Collection Program: Please provide a description of the frequency, routes and method of collection to be used.

Disposal: Please furnish a statement as to the precise location and method of disposal or processing facilities to be used. If you are using a processing facility, please include a complete list of items you will be accepting for recycling.

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WASTE MANAGEMENT OF CEDAR RAPIDS
Name of Collector

Signed

5. 26. 2016
Date

APPLICATION FOR COLLECTOR'S LICENSE

Name Wilson's Rubbish Hauling Inc
Street Address 6709 C Street Rd SW
City, State, Zip Code Cedar Rapids Iowa 52404
Phone (319) 848-7101 Email wilson6709@southslope.net

Equipment: Please furnish a complete and accurate list of the number and type of collection and transportation equipment, including VIN, to be used on our city streets.

Collection Program: Please provide a description of the frequency, routes and method of collection to be used.

Disposal: Please furnish a statement as to the precise location and method of disposal or processing facilities to be used. If you are using a processing facility, please include a complete list of items you will be accepting for recycling.

Insurance: Please attach a copy of the public liability insurance for your business in the following amounts:

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Property Damage	$100,000

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Wilson's Rubbish Haulg Inc
Name of Collector

Kris Wilson VP-Sec 6-10-10
Signed Date

APPLICATION FOR COLLECTOR'S LICENSE

Name BFI Waste Services LLC. DBA: Republic Services
Street Address 15034 Depot Ridge
City, State, Zip Code Peosta IA, 52068
Phone 319-536-3712 Email Shaenel@RepublicServices.com

Equipment: Please furnish a complete and accurate list of the number and type of collection and transportation equipment, including VIN, to be used on our city streets.

Collection Program: Please provide a description of the frequency, routes and method of collection to be used.

Disposal: Please furnish a statement as to the precise location and method of disposal or processing facilities to be used. If you are using a processing facility, please include a complete list of items you will be accepting for recycling.

Insurance: Please attach a copy of the public liability insurance for your business in the following amounts:

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Property Damage	$100,000

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BFI Waste Services
Name of Collector

Signed 6/1/16
Date

Check # 11604716 $100.00

APPLICATION FOR COLLECTOR'S LICENSE

Name Rudd Sanitation Inc
Street Address 33 3rd St N PO Box 507
City, State, Zip Code Central City IA 52214
Phone 319-438-6563 Email ruddsanitation@gmail.com

Equipment: Please furnish a complete and accurate list of the number and type of collection and transportation equipment, including VIN, to be used on our city streets.

Collection Program: Please provide a description of the frequency, routes and method of collection to be used.

Disposal: Please furnish a statement as to the precise location and method of disposal or processing facilities to be used. If you are using a processing facility, please include a complete list of items you will be accepting for recycling.

Insurance: Please attach a copy of the public liability insurance for your business in the following amounts:

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Property Damage	$100,000

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Rudd Sanitation Inc
Name of Collector

Rick Rudd 6/8/16
Signed Date

APPLICATION FOR COLLECTOR'S LICENSE

Name ABC Disposal Systems, Inc.
Street Address 113 Reynolds Place
City, State, Zip Code Hiawatha, Iowa 52233
Phone (319) 395-0904 Email billr@abcdisposalsys.com

Equipment: Please furnish a complete and accurate list of the number and type of collection and transportation equipment, including VIN, to be used on our city streets.

Collection Program: Please provide a description of the frequency, routes and method of collection to be used.

Disposal: Please furnish a statement as to the precise location and method of disposal or processing facilities to be used. If you are using a processing facility, please include a complete list of items you will be accepting for recycling.

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ABC Disposal Systems, Inc.
Name of Collector

Bill Ryman 06/07/2016
Signed Date

APPLICATION FOR COLLECTOR'S LICENSE

Name Johnson County Refuse Inc.
Street Address 970 238th Str NE PO Box 200
City, State, Zip Code North Liberty IA 52317
Phone 319 665 4498 Email JCRSK@SOUTHSLOPE.NET

Equipment: Please furnish a complete and accurate list of the number and type of collection and transportation equipment, including VIN, to be used on our city streets.

Collection Program: Please provide a description of the frequency, routes and method of collection to be used.

Disposal: Please furnish a statement as to the precise location and method of disposal or processing facilities to be used. If you are using a processing facility, please include a complete list of items you will be accepting for recycling.

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Johnson County Refuse Inc.
Name of Collector

Kandy K Smith VPres. 5/17/16
Signed Date