APPLICATION FOR COLLECTOR'S LICENSE

Name Republic Services
Street Address 921 Inglewide Dr. SW
City, State, Zip Code Cedar Rapids
Phone 319 730 2874 Email JMendez@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:

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.

Republic Services
Name of Collector

Signed

06/12/19
Date

APPLICATION FOR COLLECTOR'S LICENSE

Name Rudd Sanitation Inc
Street Address 417 East Main St
City, State, Zip Code Central City IA 52214
Phone 319-438-6563 Email rudd sanitation@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.

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Rudd Sanitation Inc
Name of Collector

Dave Rudd 6/10/19
Signed Date

APPLICATION FOR COLLECTOR'S LICENSE

Name A-1 Disposal Service
Street Address 5415 Downs Blvd SW
City, State, Zip Code Cedar Rapids, IA 52404
Phone 319-364-1560 Email melissam@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.

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A-1 Disposal Service
Name of Collector

Melissa McMann 6-13-19
Signed Date

APPLICATION FOR COLLECTOR'S LICENSE

Name Wilson's Rubbish Hauling, Inc.
Street Address 6709 C Street Road SW
City, State, Zip Code Cedar Rapids, Iowa 52404
Phone 319-848-7101 Email: wilson4709@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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Wilson's Rubbish Hauling Inc
Name of Collector

Kris Wilson 6/11/2019
Signed Date

APPLICATION FOR COLLECTOR'S LICENSE

Name ABC Disposal Systems, Inc
Street Address 113 Reynolds Place
City, State, Zip Code Hiawatha, IA 52233
Phone 319-395-0904 Email lwgasper@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

Sarah Fike 5/2/19
Signed Date

APPLICATION FOR COLLECTOR'S LICENSE

Name Johnson County Refuse Inc.
Street Address 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.

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Johnson County Refuse Inc.
Name of Collector

Kandy K Smith VPres. 5/14/19
Signed Date

APPLICATION FOR COLLECTOR'S LICENSE

Name Greg Traver
Street Address 4220 Thomas DR SW
City, State, Zip Code Cedar Rapids IA 52404
Phone (319) 362-9916 Email gtraver@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
Name of Collector

Maria Harrigan 5-1-19
Signed Date