



OFFICE USE ONLY	
DATE FILED: _____	
INITIALS: _____	
ADVERSE: Yes No	
LP: _____	CC: _____

PRIVATE SOLID WASTE OR RECYCLABLES COLLECTOR
CLK146 (rev. 11/17)
City Ordinance 5.06

Fee: \$45.00 (First Vehicle) Expires: June 30, _____
\$35.00 (Each Additional Vehicle)

The undersigned request that a permit be granted in accordance to Chapter V, Section 5.06(e) of the Code of General Ordinances of the City of Kenosha.

Establishment Name or Individual: _____

Address: _____ District #: _____
STREET CITY STATE ZIP

Phone Number: _____ Business Cell Home

Email Address: _____
(Correspondence Will Be Via Email If Address Is Given)

1. Number of Vehicles: _____

2. List of Vehicles: **Attached**

3. Provide proof of Certificate of Liability Insurance. **Attached**

4. The Certificate of Liability MUST list:

- City of Kenosha as Additional Insured** **Notification of at least 20 Days in Advance of Cancellation**
(Must be stated on certificate or the cancellation policy notice must be attached to certificate)

Individual/Partner/Member Signature

Date

