



Plant your family here.

215 North West Street  
Perryville, MO 63775-1327  
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E-Mail: [cityhall@cityofperryville.com](mailto:cityhall@cityofperryville.com)

### PRIVATE WASTE DISPOSAL HAULER PERMIT APPLICATION

**Company Information:**

Name of Company: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Vehicle/Body Information:**

Vehicle Make/Model: \_\_\_\_\_  
Body Make/Model: \_\_\_\_\_  
Vehicle # or Tag #: \_\_\_\_\_

Note: If company intends to utilize more than one vehicle to collect waste in the City, please use additional sheets for each additional vehicle and attach to this application.

**Container Information:** (Rolloff, Compactor, Trailer)

Location: \_\_\_\_\_ Size: \_\_\_\_\_  
Location: \_\_\_\_\_ Size: \_\_\_\_\_  
Location: \_\_\_\_\_ Size: \_\_\_\_\_  
Location: \_\_\_\_\_ Size: \_\_\_\_\_  
Location: \_\_\_\_\_ Size: \_\_\_\_\_

Note: Please attach sheets for additional locations.

**Sanitary Landfill Information:**

Name of Landfill/Transfer Station: \_\_\_\_\_  
Phone Number of Facility: \_\_\_\_\_

**Waste Characterization:**

Describe characteristics of waste being disposed of:

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**Liability Insurance Policy:**

Applicant must show evidence of a satisfactory public liability insurance policy covering all operations of such applicant pertaining to such business and all vehicles to be operated in the conduct thereof, in the amount of not less than five hundred thousand dollars (\$500,000.00) for each person injured or killed, and in the amount of not less than one million dollars (\$1,000,000.00) in the event of injury or death to two or more persons in any single accident, and in the amount of not less than one hundred thousand dollars (\$100,000.00) for damage to property. Such policy may be written to allow the first two thousand dollars (\$2,000.00) of liability for damage to property to be deductible. Should any such policy be cancelled, the city administrator shall be notified of such cancellation by the insurance carrier in writing not less than ten days prior to the effective date of such cancellation, and provisions to that effect shall be incorporated in such policy, which shall also place upon the company writing such policy the duty to give such notice.

I DO HEREBY state that the aforementioned information is true and correct to the best of my knowledge. I do understand that if any information is found to be incorrect, that this will be reason for revocation of the permit, if approved. If the equipment, as stated above, hauls any controlled waste, I am attaching a copy of the company's permit, a copy of a manifest, an emergency plan for any spill cleanup, and a statement explaining in detail the type of waste being hauled and the acknowledgment that the waste is being hauled and disposed of according to all Federal, State, and/or City Regulations in effect during the term of this permit. I further understand that all vehicles and containers are subject to inspection to ensure that all vehicles and containers are in compliance with all laws and regulations. This permit will be in effect until December 31 of year application was made and must be renewed sixty (60) days prior to end of term.

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**SIGNATURE OF APPLICANT**

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**APPLICATION DATE**

**FOR OFFICE USE ONLY:**

Approved: \_\_\_\_\_

Date Approved: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

or

Disapproved: \_\_\_\_\_

Reason for disapproval:

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Checklist of Attachments:

Additional Vehicle/Body Information

Additional Container Information

Waste Characterizations

Liability Insurance Policies

Fee Due \$ \_\_\_\_\_

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**REPRESENTATIVE OF THE CITY OF PERRYVILLE**