

TOWN OF SCARBOROUGH

APPLICATION

COMMERCIAL AND/OR RESIDENTIAL REFUSE HAULING LICENSE

[July 1<sup>st</sup> to June 30<sup>th</sup> of Every Year]

Application Fee: \$500.00 (Non-Refundable)

Date of Application: \_\_\_\_\_

APPLICANT INFORMATION:

\_\_\_\_ Corporation

\_\_\_\_\_ Sole Proprietor

\_\_\_\_\_ Partnership

1. **Applicant Information:**

Name of Applicant and/or Corporation: \_\_\_\_\_

Physical Address (Home, Business or Corporation): \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Fax Number: \_\_\_\_\_

2. **Business Name (d/b/a):**

Business Address: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Name of Business Manager: \_\_\_\_\_

**If a corporation, list names and addresses of each of your directors and officers:**

_____	_____
_____	_____
_____	_____
_____	_____

*For any additional names, please attach on another piece of paper.*

3. **Vehicle/s and Equipment Information**

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>License Plate No.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*For additional vehicles and equipment information, please attach on another piece of paper.*

(Over =>)

**4. To officially complete this application, please attach the following:**

- a. A copy of the hauler's current license with the Maine Department of Environmental Protection.
- b. A copy of the *Certificate of Insurance* for liability in an amount of at least \$1,000,000.

**I/we agree to abide by the rules and regulations as adopted by the Town of Scarborough as stated in Chapter 901, *Refuse Collection Ordinance*.**

Dated \_\_\_\_\_

\_\_\_\_\_  
Applicant/s Signature

\_\_\_\_\_  
Applicant/s Signature

\_\_\_\_\_  
Applicant/s Signature

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***This section to be completed by Town of Scarborough:***

Date Received: \_\_\_\_\_

Check No. and Amount: \_\_\_\_\_

Type of License:    \_\_\_\_\_ Commercial

\_\_\_\_\_ Residential

Received by: \_\_\_\_\_