CITY OF HAMPTON
SOLID WASTE COLLECTOR'S LICENSE APPLICATION

COMPANY NAME: _____

COMPANY ADDRESS: _____

PHONE: _____ ☐ CHECK THIS BOX, IF CONTACT INFO HAS CHANGED SINCE LAST APPLICATION.

COLLECTION VEHICLES/EQUIPMENT: _____

_____

_____

_____

COLLECTION PROGRAM:

Frequency of Collection - _____

Routes within Hampton - _____

_____

_____

Method of Collection - _____

_____

Transportation Method to Disposal Site - _____

DISPOSAL LOCATION: _____

ANNUAL LICENSING FEE: $200.00

I agree to comply with State Code and Hampton Municipal Code of Ordinances in regard to Solid Waste Regulations. I understand these regulations will be enforced and violations may be subject to appropriate legal action.

APPLICANT'S SIGNATURE: _____ DATE: _____

Application must be accompanied by a **Certificate of Insurance** for a minimum of $100,000 bodily injury and $50,000 property damage coverage for all operations of the business and vehicles operated, or current policy documentation must be on file at City Hall.

(***FOR OFFICE USE ONLY***) – Previous License Valid through _____, 20_____

License Number _____-_____ issued this _____ day of _____, 20_____

will be in effect for one year from the date of this document, if current Certificate of Insurance is on file at the City of Hampton.

_____

APPROVED BY: CODE ENFORCEMENT OFFICER