



NOVI CITY CLERK'S OFFICE
45175 TEN MILE ROAD
NOVI, MI 48375
(248) 347-0456
Fax (248) 347-0577

REFUSE COLLECTOR LICENSE APPLICATION
Chapter 16 – Article II

Business information:

Name of business: _____

Phone #: _____

Business address: _____

Applicant information:

Applicant name: _____

Phone #: _____

Applicant's address: _____

Present occupation of applicant: _____

Applicant's email address: _____

If the applicant is a partnership, state the names, home addresses and occupations of all partners. If the applicant is a corporation, state the names, home addresses, and occupations of all officers and directors.

Vehicle Information:

Number of vehicles proposed for use: _____

Describe each vehicle; include the motor and serial numbers and the license plate number issued by the Department of State. (attach additional pages if needed)

Refuse bin information:

It is a requirement of the Ordinance that: The owner or the person placing or maintaining such refuse bins in the City of Novi shall permanently place on a conspicuous area of such refuse bin the following information: Such person's name, address and phone number.

Do you own refuse bins that are placed in the City of Novi? Yes _____ No _____

List location(s) of refuse bins placed within the City of Novi (or attach listing).

ATTACH:

- 1. Certificate of Insurance
- 2. Map showing areas of the City where collection of refuse is contracted and specific day of the week on which each customer's refuse will be collected.
- 3. Check payable to the City of Novi in the amount of \$200 per vehicle.
(If renewed after December 31st, a \$25 late fee will be assessed for the business)

Affidavit of refuse bin owner:

I hereby certify that I have not placed or maintained any refuse bin in the City of Novi which is banned as a hazardous product pursuant to part 1301, Sub-Chapter B, Chapter II, Title 16 of the Consumer Product Safety Commission Rules under Sections 8 and 9 of the Consumer Product Safety Act 15 U.S.C. 2057 and 2058.

Signature of Applicant

Title

Company Name

Subscribed and sworn before me, this _____ day of _____, 20____

Notary public

_____ County, Michigan

My commission expires: _____

For office use only

Date paid: _____ Receipt number: _____ Insurance certificate: _____