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. It 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: _____