



301 East Main Street
Lowell, Michigan 49331
Phone (616) 897-8457
Fax (616) 897-4085

City of Lowell
Application for Permit
Waste Haulers
Expires July 1, Annually
2016 -2017

This application must be filed with: City of Lowell – Clerks Office

Name of Business: _____

Name of Owner: _____

Address: _____

Telephone Number: _____

Fax Number: _____

Cell Number: _____

Vehicle(s):

<u>Make</u>	<u>Model</u>	<u>Plate #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any additional vehicles on back of page.

Amber Light Authority –
Company Name Display – MCL 257.712 and Federal Law 49 CFR Parts 390-399.

Certification

I hereby certify that I have read the regulations and or ordinances pertaining to Waste Haulers, I understand these regulations; and I will operate my business in conformance with the regulations.

Signature: _____

Date: _____

For Office Use Only

Fee: \$30.00 per vehicles

Number of vehicles _____

Total Paid _____

Copy of insurance certificate: _____ Workmen’s compensation (if required by State law), contractor’s public liability and contractor’s motor vehicle bodily injury in the amount of \$100,000.00 per person, \$300,000.00 per accident, bodily injury, including accidental death: \$100,000.00 per occurrence, property damage with deductible not greater than \$500.00.

Number of sticker(s): _____ Each vehicle must have a permit sticker affixed to left side of windshield where it will not affect the driver’s vision.

Approved by: _____

Date: _____

City Clerk’s Office

