



Solid Waste Contractor Application
715 Railroad St., Downs, KS 67437
(785) 454-6622; fax (785) 454-6246
cityclerk@cityofdowns.com

Office Use Only:
Permit # _____
Paid Amount \$ _____

Applicant Name: _____

Business Address: _____

Phone Number: _____

1. Number of vehicles to be operated: _____

2. Make, Model, & Identification number of each vehicle:

3. Average Number of Customers served monthly: _____

4. Boundaries of Collection Area: _____

5. Permit Fee: \$ _____

For Gross weight of not more than 10,000 lbs. - \$25.00

For Gross weight of 10,000 lbs. or more - \$50.00

For 1 to 100 customers: \$5.00;

For 100 to 500 customers: \$10.00;

For 500 customers or more, additional \$15.00

A copy of Certificate of Insurance is required to be sent with application.

Approved

Denied

This _____ day of _____, 20____

Signature of Governing Body Member