



Material Collection License Application

City of Plymouth
201 S. Main
Plymouth, Michigan 48170-1637

www.plymouthmi.gov
Phone 734-453-1234
Fax 734-455-1892

AGREEMENT AND SIGNATURE By submitting this application, I acknowledge that I have read and have an understanding of compliance with City Ordinance Chapter 58 - Solid Waste.

Signature _____ Date _____

CONTACT INFORMATION

Name of Business			
Street Address, City, State, Zip			
Primary Phone		Email Address	
Emergency Contact Information			
Name	Primary Phone	Alt. Phone (cell)	

TYPES OF COLLECTION SERVICE

Residential Refuse	Commercial Refuse	Recyclable Material	Yard Waste
Special Refuse	Other		

METHODS OF COLLECTION PROVIDED

Curbside	Cart	Dumpster	Other
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DESCRIPTION OF MATERIALS TO BE COLLECTED

RETURN THIS COMPLETED APPLICATION WITH THE ITEMS LISTED BELOW:

✓ **SITE USED FOR DISPOSAL OF COLLECTED MATERIALS:** *Attach proof of access and use-See City Ord. Ch.58,Sec.58-72

Name of Business		Name of Business	
Street Address		Street Address	
City, State, Zip		City, State, Zip	
Primary Phone		Primary Phone	
Email Address		Email Address	
Emergency Contact Name		Emergency Contact Name	

✓ **AREA OF OPERATION**

Attach a list of all commercial accounts, listing the names and addresses. If providing service for residential units, please indicate as such.

✓ **CERTIFICATE OF INSURANCE** - In accordance with City of Plymouth Insurance requirements below

Certificate of Insurance must be included with application in accordance with City of Plymouth insurance requirements.

- a) General Liability. Minimum of \$4,000,000 Products/Completed Operations, minimum \$4,000,000 General Aggregate, minimum \$2,000,000 Each Occurrence. Coverage must be placed with a carrier rated not less than A-, VIII by A. M. Best & Co. The City of Plymouth must be included as an additional insured. Please use the following additional insured wording: City of Plymouth is included as additional insured with respects to the general liability policy.
- b) Minimum of \$3,000,000 Automobile Liability Insurance.
- c) Minimum of \$1,000,000 Workers Compensation Insurance.

✓ **LICENSING FEE \$240.00** **ADDITIONAL LATE FEE IF POSTMARKED AFTER JANUARY 15TH \$120.00**

DMS DIRECTOR REVIEW:	APPLICATION APPROVED _____	APPLICATION DENIED _____	Questions: 734-453-7737
CLERK'S OFFICE ACTION:	LICENSE GRANTED DATE _____	LICENSE NUMBER _____	