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PRIVATE GARBAGE COLLECTION SERVICE LICENSE
CITY OF FORT SCOTT, KANSAS

1. OWNERS NAME:_____
2. OWNERS ADDRESS:_____
3. DESCRIPTION OF VEHICLE:
(a) Make of Vehicle_____
- (b) Year of Vehicle_____
- (c) Title Number_____
- (d) License Tag Number_____
4. TRADE NAME OF FIRM_____
5. ADDRESS (Place of Business)_____
6. TELEPHONE NUMBER_____
7. NAME AND ADDRESS OF PERSON TO OPERATE VEHICLE:
(a) Name_____
- (b) Address_____
8. ATTACH COPY OF INSURANCE:
9. APPROVED BY CODES OFFICER_____
- (Signature of Code Manager)
10. DATE_____ PERMIT FEE_____ COLLECTED BY_____
11. DATE_____ PERMIT FEE _____ COLLECTED BY_____