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PRI VATE GARBAGE COLLECTI ON SERVI CE LI CENSE  
CITY OF FORT SCOTT, KANSAS

1. OWNERS NAME: \_\_\_\_\_
2. OWNERS ADDRESS: \_\_\_\_\_
3. DESCRIPTI ON OF VEHICL E:  
(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 VEHICL E:  
(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 \_\_\_\_\_