

Scrap/Recycling License Application

Solid Waste Hauler, Scrap/Recycling Business, Motor Vehicle Salvage
Collector of Scrap/Recycling
Motor Vehicle Storage (up to 3 vehicles outside)

License #	Pursuant to Madison General Ordinance 9.21 and 9.22						
		OFFICE U	SE ONLY				
State Seller's Permit ID Number		FEE PAID	FINGER PRINTS DONE				
Corporation/LLC/Partnership/Individual applying for License (Each manager needs to complete a fingerprint form and be fingerprinted	by MPD.)						
Business Address							
Mailing Address							
Managers (names):							
Trade Name (doing business as)							
Business Phone	Business e-mail address						
Business to be conducted:							
Articles and merchandise to be handled on premises:							
Source of waste hauled:							
□ Apartments □ Commercial/Retail □ Industrial	□ Other, specify						
<b>DNR permit number</b> (Not applicable for scrap yards or recycling yards):							
Anticipated location of disposal facilities:							
over							

How much trash do you anticipate collecting in the City of Madison in the next 12 months?

How much yard waste do you anticipate collecting in the City of Madison in the next 12 months?

How much recycling do you anticipate collecting in the City of Madison in the next 12 months?

List trucks, trailers, or other vehicles operating in the City of Madison, at least part time: Attach additional sheet if necessary.

Year	Make & Model	License Plate	VIN	Owner	Clerk's Office <b>Permit #</b>		
Have you ever had a license of this type revoked, or license renewal refused?							
□ No □ Yes – Year Municipality and State							
I declare under penalties of law that the information provided on this application is true and correct to the best of my knowledge and belief.							
Subscribed and Sworn to before me:							
this	_ day of, 2	20	License Applicant				
(Clerk/Notary							
My comr	nission expires						