

CITY OF ANAMOSA
APPLICATION FOR WASTE COLLECTION LICENSE

DATE: _____

Name of Corporation/Business: _____

Address: _____

Telephone No(s).: () _____ () _____

Principal Officers: (Names, Addresses, Phone Numbers):

Equipment Description of Vehicles to be Used:

Complete description including license number, type of vehicle, vehicle description, etc.
(Attach separate sheet if additional space is needed)

Route Description to include frequency and method of collection:

(Attached separate sheet if additional space is needed)

Inspection Completed: _____
Date _____ Signature of Inspector

APPROVED BY

DATE