

CUSTOMER No.# _____

YEAR
COUNTY OF ST. CLAIR
SOLID WASTE HAULER PERMIT APPLICATION

SMITHS CREEK LANDFILL

NAME OF FIRM: _____

(If operating under more than one name, a separate registration form must be filed.)
Name must be as listed in the Michigan Annual Business Report.

MAILING ADDRESS: _____

BUSINESS PHONE: _____

FAX NUMBER: _____

IF SINGLE PROPRIETORSHIP OR PARTNERSHIP, LIST OWNER OR PRINCIPAL OWNERS:

NAME:

ADDRESS:

IF CORPORATION, LIST NAME OF ALL OFFICERS:

NAME:

ADDRESS:

IS YOUR FIRM REGISTERED AS D.B.A. IN ST. CLAIR COUNTY? YES NO

IF "NO", LIST COUNTY OF D.B.A. REGISTRATION:

**LIST ALL TRUCKS, THEIR VEHICLE VIN NO., CUBIC YARD CAPACITY AND
LICENSE PLATE NUMBER FOR WHICH IDENTIFICATION NUMBER IS REQUESTED:**

MAKE & YEAR OF VEHICLE	VEHICLE VIN NUMBER	TRUCK NUMBER	LICENSE PLATE NUMBER

NAME OF PERSONS COLLECTING AND TRANSPORTING MATERIALS

1. _____
2. _____
3. _____
4. _____
5. _____

**ESTIMATED QUANTITY OF MATERIAL TRANSPORTED ____ ANNUALLY
TYPES OF WASTE COLLECTED FOR DISPOSAL AT SAID LANDFILL:**

	RESIDENTIAL		COMMERCIAL
	INDUSTRIAL		HOSPITAL
	CONSTRUCTION		SPECIAL (SPECIFY)

**SERVICE AREA OF WASTE HAULED TO SAID LANDFILL:
LIST THE CITIES, VILLAGE OR TOWNSHIPS IN THE COUNTY YOU SERVICE.**

MUNICIPALITY

APPLICANT SIGNATURE

DATE OF APPLICATION: _____

**RETURN COMPLETED LICENSE APPLICATION FORM TO:
SMITHS CREEK LANDFILL
6779 SMITHS CREEK RD.
SMITHS CREEK, MI 48074**

MAKE CHECKS PAYABLE TO *ST. CLAIR COUNTY

WE NOW ACCEPT VISA/MASTERCARD/DISCOVER/AMERICAN EXPRESS

**Would you like to receive this application electronically
through email?**

Yes

No

Email Address