



PW-1007

LANDFILL VEHICLE

Application for OPERATING LICENSE for vehicles carrying garbage and refuse under Section 18 of the City of St. John's Sanitation Regulations.

BILLING INFO

CONTACT INFO

SECTION 1

Registered Owner of Vehicle: _____
 Mailing Address: _____

 Postal Code _____
 Telephone: (Home) _____ (Work) _____
 (Fax:) _____ (Cell:) _____
 email: _____

Name: _____
 Mailing Address: _____

 Postal Code _____
 Telephone: (Home) _____ (Work) _____
 (Fax:) _____ (Cell:) _____
 email: _____

VEHICLE INFORMATION (to be completed by the applicant):

SECTION 2

1. A. _____ I have not previously held an operating license (permit) under Section 18 of the City of St. John's Sanitation Regulations.
OMIT B PORTION
OR
 B. _____ I presently have an operating license (permit) under Section 18 of the City of St. John's Sanitation Regulations and REQUEST:
RENEWAL
 (a) _____ For presently registered vehicle, license # _____
 (b) _____ For replacement of lost/damaged license # _____
NEW LICENSE
 (c) _____ For additional vehicle not previously licensed
 (d) _____ For another vehicle replacing one no longer in service (License # of vehicle not in service _____)
2. Vehicle Make: _____ Model: _____ Year: _____
 Serial #: _____ License Plate #: _____
3. Material Type: ___ 1. Garbage-Commercial ___ 2. Garbage-Residential ___ 3. Not Applicable
4. Vehicle Type:
 ___ 1. Pickup ___ 2. Stake Body ___ 3. Dump Truck-Single ___ 4. Dump Truck-Tandem
 ___ 5. Dump Truck-Tandem/Tandem ___ 6. Rear Loader-Single ___ 7. Rear Loader-Tandem ___ 8. Side Loader-Single
 ___ 9. Side Loader-Tandem ___ 10. Front Loader ___ 11. Roll Off ___ 12. Van
 ___ 13. Flat Bed ___ 14. Tractor Trailer ___ 15. Other
5. Origin (Municipality): _____

APPLICANT DECLARATION

SECTION 3

I hereby certify that the information provided by me on this application is complete and accurate and that I have read the provided documentation entitled "Section 18 of the Sanitation Regulations" and agree to comply with them.

Signature: _____ Date (yyyy/mm/dd) _____

Please send completed form to: Access St. John's, First Floor City Hall
 P.O. Box 908 10 New Gower St.
 St. John's, NL A1C 5M2

For further information: email: customerservice@stjohns.ca
 phone: 709-754-CITY (2489)
 fax: 709-576-7688

FOR OFFICE USE ONLY (to be completed by OFFICE PERSONNEL)

SECTION 4

Customer: _____ Expiry Date (yyyy/mm/dd) _____

Truck #: _____ Sticker #: _____

The above vehicle was inspected on the date shown below and, on that date, meets all conditions as outlined under Section 18 of the City of St. John's Sanitation Regulations.

Office Personnel: _____ Inspection Date (yyyy/mm/dd) _____

FOR OFFICE USE ONLY (to be completed by CASHIER)

SECTION 5

Payment Fee: Budget #: Receipt #:

Office Personnel: _____ Date (yyyy/mm/dd) _____