## **Application and Permit for Dumpster/Refuse Container**



Application Date:		Permit Number:		
=	hereby applies for a Permit  t:			
•	Section 5.12 and related Re laws of the State of Wiscon	solutions of the Co	ode of Ordinances of	the Village of
dumpster placed that it has in force than \$200,000 fo not less than \$10 insurance naming	id the Village of West Salem . Applicant has also filed will and will maintain during the rone (1) person, \$500,000 foo,000. Applicant has also foo the Village of West Salem dministration Office at all time.	th the Village Adm e term of the Pern for one (1) accider urnished to the Vil as additional insu	ninistrator satisfactory nit public liability insur nt, and property dama lage Administrator a c red and evidence of t	written evidence rance of not less age insurance of certificate of
Applicant or du	mpster/refuse container o	wner:		
	be valid for the period of times for fourteen (14) additionates.	•		` , ,
•	ertify that the dumpster is t two (2) sides as specifie		•	e AND flashing
(Application MUS	ST be initialized AND signed	below.)		
	ectorized Tape			
Applicant Initials	ning lights	Signature of Applicant		
Applicant Initials		Applicant Phone Number		
Approved this	day of		, 20	

Notes and administration