

CITY OF LADUE
LICENSE RENEWAL – TRASH COLLECTORS

Application is hereby made to the City of Ladue, Missouri for permission to carry, convey, remove, or transport trash upon public and/or private streets of the City. The Application for License Renewal and fee payment are due each year by March 1st. Any renewal received after March 1st will be assessed a penalty of an additional 1% per month per Ladue City Code Section 50-17.

Name of Company: _____

Mailing Address: _____

City and State: _____ Zip Code: _____

Main Point of Contact: _____
(Name) (Phone Number)

Business Phone: _____ Email: _____

Do you carry liability insurance on each truck(s) affording both personal injury and property damage indemnity? (**ATTACH A COPY OF COI**) _____

Amount of Insurance Coverage: _____

Name of Insurance Company: _____

Where is trash disposed of? _____

Over what routes do you propose to transport trash? _____

List areas of Ladue currently serviced (neighborhoods, subdivisions): _____

How often will you make trash collections? _____

What are your rates? _____

What will you accept in your regular collection?

a) Garbage and household trash: Yes No

How many 30-gallon cans per collection? _____

b) Grass and leaves in bags: Yes No

How many bags per collection? _____

c) Tied brush and branches: Yes No

How many bundles per collection? _____

d) Bulk items: Yes No

I hereby acknowledge receipt of the City of Ladue, Missouri Code of Ordinance 42 Article II Solid Waste (Sections 42-35 through 42-62) and agree to fully abide by all Rules, Regulations and Orders of the City of Ladue governing trash collections.

I hereby agree to provide services pursuant to St. Louis County Ordinance Section 607.181 requirements for minimum service levels; once per week solid waste collection, once per week recycling collection and biannual bulky waste collection.

I am aware that there is a fee of \$12.00 per truck paid to the City of Ladue.

Number of trucks to be licensed: _____ Truck Size: _____

Total Fee: \$ _____

APPLICANT'S SIGNATURE

APPLICANT'S NAME, PRINTED

If you have any questions or need to verify correct payment amount you may email us at licensing@cityofladue-mo.gov or call (314) 993-3439. This application is also available in alternative format (e.g. large print, braille) by request.

<p>FOR CITY OFFICE USE ONLY Licensed by St. Louis County _____ Verified By: _____ Date: _____</p>
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