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.

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 <u>regular</u> 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.