



798 S. Marshall St., Marshfield, MO 65706
P: 417-859-2352 F: 417-468-5267

2017

BUSINESS LICENSE
APPLICATION

Solid Waste Hauler

Date _____ **AMOUNT DUE - \$25.00 PER TRUCK**

NUMBER OF TRUCKS USED IN THE CITY OF MARSHFIELD _____

Name of Business _____

DBA _____

Federal ID # _____ **Local Business Phone** _____

Local Street Address _____

Building Owner _____ **Phone** _____

Business Owner _____ **Phone** _____

Contact Person _____ **Phone** _____

Business Mailing Address _____

Insurance Provider _____

(A copy of your Certificate of Liability Insurance with the City of Marshfield named as Certificate Holder must be attached to the application.)

Applicant affirms by signature below that said business does not currently, nor will it in the future employ non-documented persons, with the understanding that doing so would be in violation of both Federal Law and the laws of the State of Missouri.

Signature: _____

Approved by City Administrator _____