

**Infectious/Regulated Medical Waste Hauler's Business
License Application Form — 20_____**
City of Sioux Falls, South Dakota

The undersigned makes application under the provisions of Article IV of Chapter 18 for the period ending December 31, 20____. The City of Sioux Falls is under no obligation to refund license fees if denied.

Subject to the issuance thereof, I submit the following information:

1. **Name of applicant** _____ **Home Telephone No.** _____

Mailing Address _____
Street Number City/State Zip Code

2. **Trade Name** _____ **Business Telephone No.** _____

3. **Please check appropriate box:** **Partnership** **Corporation**

Name _____

Address of Partners or Officers _____

4. **Description of activity to be carried out under this license: Collection and hauling of regulated medical waste as described in Ordinance Section 19-103 on streets and alleys of Sioux Falls.**

5. **Facts as required by ordinance necessary for determination of the amount of the license fee: \$200 per business license or \$100 per business license if renewed within 30 days after expiration.**

6. **The license fee in the amount of \$_____ has been paid to the Public Works Department as recorded on Receipt No. _____ dated _____ Ordinance Section 19-103 and 23-35.**

7. **Liability insurance or bond or deposit, if required, has been furnished as follows: Certification of insurance (Ordinance Section 19-103).**

8. **Parking Location** _____

9. **Application made this _____ day of _____, 20_____.**

I have received a copy of the ordinance requirements and am familiar with its contents. It is understood that the license is issued only to the individual, partnership, or corporation, and for the address named above. Sale of a licensed garbage hauling business to an existing licensed garbage hauling business will cause the seller's license to expire upon consummation of the sale. Expired licenses shall be turned in to the City Public Works Department.

By _____ (Signature of Applicant) _____ (Title)

Approved by _____	for the Public Works Department (1-7, 9)
Approved by _____	for the Zoning Department (8, 9)

Infectious/Regulated Medical Waste Hauler's Business License Transfer/Reissuance Application Form — 20_____

City of Sioux Falls, South Dakota

The undersigned makes application under the provisions of Article IV of Chapter 18 for the period ending December 31, 20____. The City of Sioux Falls is under no obligation to refund license fees if denied.

Subject to the transfer/reissuance thereof, I submit the following information:

1. **Name of current licensee** _____ **Home Telephone No.** _____
2. **Name of applicant** _____ **Home Telephone No.** _____
Mailing Address _____

Street Number
City/State
Zip Code
3. **Trade Name** _____ **Business Telephone No.** _____
4. **Please check appropriate box:** **Partnership** **Corporation**
Name _____
Address of Partners or Officers _____
5. **Description of activity to be carried out under this license: Collection and hauling of regulated medical waste as described in Ordinance Section 19-103 on streets and alleys of Sioux Falls.**
6. **Facts as required by ordinance necessary for determination of the amount of the license fee: \$200 per business license transfer or \$100 per business license reissuance.**
7. **The license fee in the amount of \$ _____ has been paid to the Public Works Department as recorded on Receipt No. _____ dated _____ Ordinance Section 19-103 and 23-35.**
8. **Liability insurance or bond or deposit, if required, has been furnished as follows: Certification of insurance (Ordinance Section 19-103).**
9. **Parking Location** _____
10. **Application made this _____ day of _____, 20_____.**

I have received a copy of the ordinance requirements and am familiar with its contents. It is understood that the license is issued only to the individual, partnership, or corporation, and for the address named above. Sale of a licensed garbage hauling business to an existing licensed garbage hauling business will cause the seller's license to expire upon consummation of the sale. Expired licenses shall be turned in to the City Public Works Department.

By _____
(Signature of Applicant)

(Title)

I consent to have my garbage hauler business license transferred to the above-named applicant.

By _____
(Signature of Applicant)

(Title)

Approved by _____	for the Public Works Department (1-8, 10)
Approved by _____	for the Zoning Department (9, 10)