



Scrap/Recycling License Application

- ☐ Solid Waste Hauler, Scrap/Recycling Business, Motor Vehicle Salvage
☐ Collector of Scrap/Recycling
☐ Motor Vehicle Storage (up to 3 vehicles outside)

License # _____

Pursuant to Madison General Ordinance 9.21 and 9.22

		OFFICE USE ONLY	
State Seller's Permit ID Number		FEE PAID	FINGER PRINTS DONE
Corporation/LLC/Partnership/Individual applying for License (Each manager needs to complete a fingerprint form and be fingerprinted by MPD.)			
Business Address			
Mailing Address			
Managers (names):			
Trade Name (doing business as)			
Business Phone		Business e-mail address	
Business to be conducted:			
Articles and merchandise to be handled on premises:			
Source of waste hauled: <input type="checkbox"/> Apartments <input type="checkbox"/> Commercial/Retail <input type="checkbox"/> Industrial <input type="checkbox"/> Other, specify _____			
DNR permit number (Not applicable for scrap yards or recycling yards):			
Anticipated location of disposal facilities:			
--- over ---			

How much trash do you anticipate collecting in the City of Madison in the next 12 months?

How much yard waste do you anticipate collecting in the City of Madison in the next 12 months?

How much recycling do you anticipate collecting in the City of Madison in the next 12 months?

List trucks, trailers, or other vehicles operating in the City of Madison, at least part time:
Attach additional sheet if necessary.

Year	Make & Model	License Plate	VIN	Owner	Clerk's Office Permit #

Have you ever had a license of this type revoked, or license renewal refused?

☐ No ☐ Yes – Year _____ Municipality and State _____

I declare under penalties of law that the information provided on this application is true and correct to the best of my knowledge and belief.

Subscribed and Sworn to before me:

this _____ day of _____, 20____

(Clerk/Notary Public)

My commission expires _____

Benjamin E Stanger
License Applicant