

**LA CROSSE COUNTY SOLID WASTE HAULER'S PERMIT APPLICATION**

LA CROSSE CO. SOLID WASTE DEPT., 6500 STATE ROAD 16, LA CROSSE, WI 54601

Phone:(608) 785-9572 Fax:(608)785-6160

Permit # \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ Is this a corporation? Yes \_\_\_\_\_ No \_\_\_\_\_

STREET \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

RESPONSIBLE INDIVIDUAL \_\_\_\_\_ DRIVERS LIC# \_\_\_\_\_

PHONE \_\_\_\_\_ DAYTIME PHONE NUMBER \_\_\_\_\_

Disposal Permit: Private-\$300/yr./vehicle\*; Gov't-\$150/yr./vehicle\*

Truck No. \_\_\_\_\_ Year \_\_\_\_\_ Description \_\_\_\_\_ License \_\_\_\_\_ C.Y. Capacity \_\_\_\_\_

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(If needed, use Attachment A to list additional vehicles)

Total number of permitted vehicles\*: \_\_\_\_\_ Total payment due: \_\_\_\_\_

**Ordinance and Policy Highlights**

- (1) Route information must be submitted by WI DNR licensed haulers unless the permittee exclusively transports construction and/or demolition waste and/or exclusively uses roll-off containers greater than ten (10) cubic yards in volume (see Attachment B).
- (2) This permit will expire on December 31<sup>st</sup> of the year issued and is not transferable.
- (3) This permit must be updated with payment of fees for each additional or replacement vehicle.
- (4) Each permitted vehicle will have plainly marked on its left, front side and rear, a vehicle number. Additionally, each roll-off container will have plainly marked on its left, front side and rear, a container number. If a vehicle or container does not have a number the county may, at its option, assign one.
- (5) All refuse admitted to the La Crosse County Landfill Complex or the Resource Recovery Facility will be completely enclosed within the vehicle, either in a packer truck, enclosed box or covered within a tarpaulin, or other acceptable covering.
- (6) All Acceptable Waste (by definition) shall be delivered to and deposited at the La Crosse County Resource Recovery Facility. Separation of Unacceptable Waste from Acceptable Waste is the responsibility of the permit holder.
- (7) Permit holder hereby agrees that any additional charges to La Crosse County to handle, dispose and/or monitor waste delivered by the permit holder, shall be charged back to the permit holder and/or generator of the waste, if the generator can be identified, at the County's discretion.
- (8) Permit holder hereby agrees to the inspection of any permitted vehicle(s) and to entry on the permit holder's premises and/or transfer stations (if issued a permit for the transfer station by La Crosse County) by La Crosse County personnel in accordance with La Crosse County rules and ordinances.
- (9) The permit holder hereby agrees that it will indemnify and hold harmless La Crosse County, its agents, officers and employees, against any and all liability, cost, damages or expenses (including reasonable attorney's fees) which La Crosse County may sustain by reason of the acts or omissions of the permit holder, its agents or employees at the La Crosse County Landfill Complex and/or the Resource Recovery Facility, unless such damage or injury is the direct and proximate result of the negligence of La Crosse County.
- (10) Failure to comply with any La Crosse County ordinance or policy may result in enforcement action, including possible revocation of this permit.
- (11) Compliance of permit conditions allows, but does not guarantee, the disposal privileges at the La Crosse County Resource Recovery Facility on French Island and the La Crosse County Landfill Complex.
- (12) Permit holder affirms that required insurance is maintained on vehicle(s) entering the landfill complex.

\*Permits are also required for each transfer waste trailer with a physical interior capacity greater than 100 cubic yards.

Permit fee not required for: Clean wood, clean residential asphalt shingles, yard waste, tires, brush, clean concrete and asphalt, the County Public Drop-Off Site, and such materials as modified by time-to-time by the La Crosse County Solid Waste Department.

The undersigned has read and acknowledges receipt of the safety policies attached hereto.

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Date

RETURN COMPLETED APPLICATION WITH PAYMENT TO: LA CROSSE COUNTY TREASURER, ROOM 1900, 212 6<sup>th</sup> ST. NORTH, LA CROSSE, WI 54601

Annual Permit  
01-01-17