



798 S. Marshall  
Marshfield, Missouri 65706  
417-859-2352

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 #** \_\_\_\_\_ **State ID #** \_\_\_\_\_

**Building Owner** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Business 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** \_\_\_\_\_