

SECTION 4. INSURANCE INFORMATION

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|---------------------------|---------------|----------------|
| Name of Insurance Company | | |
| Coverage Amount | Policy Number | Effective Date |

*Note: A certificate of insurance showing current commercial general liability coverage must be provided with the application.

SECTION 5. SIGNATURE

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|---|------|
| I certify that the information in this application is true, correct, and complete to the best of my knowledge and that if this permit is approved, I will comply with the Town of Addison's Solid Waste Collection Permit laws and rules and I will submit the required \$50.00 annual permit renewal fee by October 1 of each year. I also understand that the Town of Addison can review at least three years of records at any time to ensure that all waste is taken to an authorized municipal solid waste facility per Texas Administrative Rules Section 330.32. | |
| Print Name | Date |
| Sign Name | |

**Send your completed application and \$50.00 processing fee to:
Town of Addison Financial and Strategic Services Department
P.O. Box 226723, Dallas, TX 75222-6723**

**Thank you for your cooperation and should you have any questions please call:
Town of Addison Financial and Strategic Services Department, (972) 450-7051**