



Barton County Solid Waste Department - 1400 Main, Room 108 - Great Bend, KS 67530

**2019 LANDFILL CREDIT PERMIT REQUEST**

**\*\*Please print or type all information\*\***

I, \_\_\_\_\_, do hereby request an Annual Permit from Barton County, to use the Municipal Solid Waste Landfill facilities for disposal of solid waste collected under the name of,

\_\_\_\_\_.

Describe vehicles operating with this permit below:

MAKE/MODEL/YEAR	TAG NUMBER	PRINCIPAL DRIVER
_____	_____	_____
_____	_____	_____
_____	_____	_____

Proof of Auto Liability Insurance: Company: \_\_\_\_\_ I.D. Number: \_\_\_\_\_

Estimated Solid Waste (tons per month): \_\_\_\_\_

Bonding Company: \_\_\_\_\_

**Bank Reference**                      NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY, STATE, ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_

**Business Reference**                      NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY, STATE, ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_

***I DO HEREBY AGREE TO PAY ALL CHARGES IN FULL BY THE DUE DATE. Failure to do so will result in my permit being permanently revoked. By signing this permit application I am acknowledging Barton County Solid Waste Department Charging Policy and Customer Safety & Conduct Policy (attached) and agree to abide to them.***

SIGNED: \_\_\_\_\_ TITLE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

<b>APPLICATION APPROVED BY: (LANDFILL OFFICE USE ONLY)</b>	
NAME: _____	TITLE: _____
SIGNED: _____	DATE: _____