



CITY OF BAY CITY, MICHIGAN

TYPE A TRANSFER STATION LICENSE APPLICATION

License Year _____

Applicant's Name _____ Birthdate _____

Home Address _____

Business Name _____

Business Address _____

Residence Phone: _____ Business Phone: _____ Cell Phone: _____

Names and addresses of all persons having an interest in the business. If a corporation, names of officers:

License is requested for the following location _____

If application is for a renewal license, have any alterations, changes, or deterioration taken place since the issuance of the former license? _____

If yes, please explain _____

Have you ever had a license refused or revoked for the same activity? _____

If yes, please explain _____

Have you ever been convicted of a felony or misdemeanor? _____

If yes, please explain _____

Signature

STATE OF MICHIGAN)
) SS.
COUNTY OF BAY)

_____, being duly sworn, deposes and says that the foregoing application is made in accordance with the provisions of Chapters 30 and 86 of the Code of Ordinances of the City of Bay City and that all statements made in this application are true.

Subscribed and sworn to before me this _____ day of _____, _____.

Approved: DPW Department Date

Notary Public, _____ County, Michigan
My Commission expires: _____

Date insurance approved _____

LICENSE FEE (New or Renewal)
\$500.00

Reports Required (New License):

Table with 2 columns: Report Type, Amount. Rows: Code Enforcement (\$ 1.00), Public Works (1.00), Planning Dept. (1.00), TOTAL \$ 3.00

LICENSE NO. _____

DATE ISSUED _____

INSURANCE REQUIREMENTS FOR TRANSFER STATION LICENSEES

Each transfer station licensee shall purchase and maintain such comprehensive general liability and other insurances as will provide the protection set forth in the indemnification requirements in Section 21-62 (e) of the Bay City Code of Ordinances and as are appropriate for the work being performed within the City of Bay City, which shall provide protection from claims for injuries, damages, or losses which may arise out of, result from, or be caused by the transfer station licensee's performances, whether it is to be performed or furnished by the transfer station licensee, its employees and agents, or by anyone directly or indirectly retained or employed by it to perform or furnish any of the performances, work, labor, or services. The required coverages are:

Comprehensive General Liability Insurance. Each transfer station licensee shall obtain and maintain comprehensive general liability insurance (occurrence basis), which shall include coverages for all premises and completed operations, contractual liability, personal injury liability endorsement, and underground explosion and collapse hazard in the following amounts: \$500,000 for injuries, including accidental death, to any one person, and \$1,000,000 for injuries, including accidental death, resulting from one accident; property damage in the amount of not less than \$500,000 per accident and the same amount in the aggregate.

Comprehensive Vehicle Liability. Each transfer station licensee shall purchase and maintain a comprehensive vehicle liability policy to cover bodily injury and property damage arising out of the ownership, maintenance, operation, or use of any motor vehicle including owned, non-owned, and hired vehicles. The comprehensive vehicle liability shall be written in the minimum amount of \$1,000,000 for injuries, including accidental death, to any one person, and \$1,000,000 for injuries, including accidental death, resulting from any one accident. This policy must also provide \$500,000 property damage coverage.

Workers Compensation Insurance. Transfer station licensees shall provide for its employees workers compensation insurance, including employer's liability, to cover employee injuries or disease compensable under the Workers Compensation Statutes of Michigan.

ALL POLICIES OF INSURANCE REQUIRED HEREUNDER TO BE PURCHASED AND MAINTAINED (OR THE CERTIFICATES OR OTHER EVIDENCE THEREOF) SHALL CONTAIN A PROVISION OR ENDORSEMENT THAT THE COVERAGE AFFORDED WILL NOT BE CANCELLED, MATERIALLY CHANGED, OR RENEWAL REFUSED UNTIL AT LEAST THIRTY (30) DAYS BETWEEN THOSE PRIOR WRITTEN NOTICES AS GIVEN TO THE CITY OF BAY CITY BY CERTIFIED MAIL.

ALL INSURANCES SHALL BE OBTAINED FROM COMPANIES LICENSED AND ADMITTED TO DO BUSINESS IN THE STATE OF MICHIGAN.