

DOCUMENT NAME	Sikeston, MO: Licensing Ordinance
GENERAL DESCRIPTION	Solid waste licensing fees for each vehicle
GENERAL PROVISIONS	<ul style="list-style-type: none">• \$50 per waste collection vehicle

69. Shoe Shining Parlors: upon a license to operate a shoe shining parlor, the sum of seven dollars and fifty cents per year;
70. Shooting Galleries:
- a. upon shooting galleries, the sum of one hundred fifty dollars per year,
 - b. A "Shooting Gallery" is a place where any kind of firearm or air gun is kept for public use, practice or sport, for hire, gain or profit;
71. Skating Rinks: upon a skating rink, the sum of thirty seven dollars and fifty cents per year;
72. Slaughterhouses, Abattoirs: upon a slaughter house or abattoir, the sum of fifty dollars per year;
73. Solicitors for Businesses: upon each solicitor for cars, stages, taxicabs, hotels, roominghouses, bathhouses, masseurs, physicians, chiropractors, osteopaths, hospitals, sanitariums, health schools, and all other vocations and businesses, the sum of twenty five dollars per year;
74. Solid Waste: upon solid waste, the sum of fifty dollars per truck; (Reference #13.04.0200);
75. Steam Fitters: upon a steam fitter, the sum of twenty five dollars per year;
76. Stockyards, Sales Stables and Auction Barns:
- a. upon stockyards, sales stables and auction barns, the sum of one hundred dollars per year;
 - b. within the meaning of this subsection, a "stockyard," "sales stable" and "auction barn" are defined to be places where mules, horses, cattle, hogs, sheep or other goods or wares are brought or kept to be sold or bartered for compensation;
77. Storage Warehouses: upon a license to operate a storage warehouse, for the storing or compressing of cotton, or other goods or wares, the sum of two hundred dollars per year;
78. Street Exhibitions: upon street exhibitions, the sum of fifteen dollars per week;
79. Tinnners: upon a license as a tinner, the sum of thirty seven dollars and fifty cents per year;
80. Truck Line Office or Terminal: upon a truck line office, or terminal, the sum of seventy five dollars per year;
81. Undertakers: upon an undertaker's license, annual sum as follows:
- a. between one and twenty five funerals per year: fifty dollars;
 - b. over twenty five funerals per year: one hundred fifty dollars;
82. Vehicles for Hire: no person shall, within the City, use or drive or cause to be used, run or driven, any omnibus, hack or carriage, or other vehicle such as automobile, truck, buggy, wagon, cart or dray, motorcycle, or hackney, of any kind not herein specified, for hire, without a license tax on such vehicles owned and/or used within the City. For each vehicle herein described which is used for the transportation of freight or passengers for hire, the sum of fifteen dollars per year for the first vehicle, and the sum of ten dollars per year for each additional vehicle;

CITY OF SIKESTON, MISSOURI
BUSINESS FEE MASTER LISTING

DESCRIPTION						BUSINESS TYPE	
FEE TYPE/FEES							
SLAUGHTERHOUSE						MER	
SET Y 50.00	:	.00	:	.00	:	.00	PER ADDITIONAL: .00
SOLICITOR FOR BUSINESSES						MER	
SET Y 25.00	:	.00	:	.00	:	.00	PER ADDITIONAL: .00
SOLID WASTE						MER	
SET Y 50.00	:	.00	:	.00	:	.00	PER ADDITIONAL: 50.00 Truck
SPECIALITY/GIFT STORE						MER	
GRR Y .00	:	.00	:	.00	:	.00	PER ADDITIONAL: .00
SPECIALITY/NURSERY						MER	
GRR .00	:	.00	:	.00	:	.00	PER ADDITIONAL: .00
STEAM FITTER						MER	
SET Y 25.00	:	.00	:	.00	:	.00	PER ADDITIONAL: .00
STOCKYARD/SALE STABLE/AUCTION BARN						MER	
SET Y 100.00	:	.00	:	.00	:	.00	PER ADDITIONAL: .00
STORAGE WAREHOUSE						MER	
SET Y 200.00	:	.00	:	.00	:	.00	PER ADDITIONAL: .00
STREET EXHIBITION						MER	
SET W 15.00	:	.00	:	.00	:	.00	PER ADDITIONAL: .00
SUPPLIER/WHOLESALE						MER	
GRW Y .00	:	.00	:	.00	:	.00	PER ADDITIONAL: .00
TECHNOLOGY						MER	
GRR Y .00	:	.00	:	.00	:	.00	PER ADDITIONAL: .00
TINNER						MER	
SET Y 37.50	:	.00	:	.00	:	.00	PER ADDITIONAL: .00
TRAVEL AGENT						MER	
SET Y 37.50	:	.00	:	.00	:	.00	PER ADDITIONAL: .00
TRUCK LINE OFFICE/TERMINAL						MER	
SET Y 75.00	:	.00	:	.00	:	.00	PER ADDITIONAL: .00
UNDERTAKER - 1 TO 25 FUNERALS PER YEAR						MER	
SET Y 50.00	:	.00	:	.00	:	.00	PER ADDITIONAL: .00
UNDERTAKER - OVER 25 FUNERALS PER YEAR						MER	
SET Y 150.00	:	.00	:	.00	:	.00	PER ADDITIONAL: .00
VEHICLE DELIVERY						MER	
SET Y 25.00	:	.00	:	.00	:	.00	PER ADDITIONAL: .00

DOCUMENT NAME	Sioux Falls, SD: Garbage/Recycling Hauler License Applications and Inspection Forms
GENERAL DESCRIPTION	Service provider business application forms and business permit inspection forms for municipal staff.
GENERAL PROVISIONS	<ul style="list-style-type: none"> • Garbage Hauler License and Permit Application forms • Infection/Regulated Medical Waste Hauler's Business License Application Form • Recycling Collection and/or Processor License Application Form • City of Sioux Falls Inspection Forms • City of Sioux Falls Public Works Inspection Forms

_____ New Application
_____ Renewal Application

Return to: Public Works/Sanitary Landfill
224 West Ninth Street
Sioux Falls, SD 57104

City of Sioux Falls Garbage Hauler Business License and Permit Application For the Year 20_____

Application is hereby made under the provisions of Article IV of Chapter 18, of the City of Sioux Falls Ordinance. The City of Sioux Falls is under no obligation to refund application fees if denied. All licenses expire on December 31 of the year they become effective.

Subject to the issuance thereof, I submit the following information:

1. Business Name: _____ City License No. _____

2. Street Address: _____ Tax I.D. No.: _____

City: _____ State: _____ Zip: _____ Phone: _____

3. Name of applicant(s): _____

Street Mailing Address: _____
(if different than above)

City: _____ State: _____ Zip: _____

4. Individual ownership Partnership Corporation

Name(s) of Partner(s) or officers: _____

Address of partner(s) or officers: _____

I have received a copy of the ordinance requirements and am familiar with its contents. It is understood that the license is issued only to the individual, partnership, or corporation, and for the address named above. Sale of a licensed garbage hauling business to an existing licensed garbage hauling business will cause the seller's license to expire upon consummation of the sale. Expired licenses shall be turned in to Public Works.

By _____
(Signature of Applicant)

Date

(Title)

Activities Permitted under this License

1. The collection and hauling of garbage and rubbish as described in Ordinance Section 18-44 on the streets and alleys of Sioux Falls, as follows:

Sec. 18-44. *"No commercial garbage hauler shall use the streets for the collection, removal or disposal of any garbage, animal waste, rubbish or recyclable materials without first having obtained a garbage hauler's business license from the City."*

2. The collection and hauling of recyclable materials as described in Ordinance Section 18-21 on the streets and alleys of Sioux Falls, as follows:

Sec. 18-21. *"Residential recyclables shall be collected at least once a month by a licensed garbage hauler. Recyclables shall be separated from household garbage and rubbish and deposited in a proper recycling container and placed at a location clearly visible, other than curbside as directed by the licensed hauler contracted to remove the same. All recyclables and containers therefore shall be kept in an inconspicuous place except when placed for collection. Residential recyclables collected shall not be deposited at the sanitary landfill. The separation of glass, paper products, and other recyclable materials shall be on a voluntary basis."*

3. The collection and hauling of yard waste as described in Ordinance Section 18-20 on the streets and alleys of Sioux Falls, as follows:

Sec. 18-20. *"Yard waste shall be collected by licensed garbage haulers. Yard waste shall be deposited in a proper container, a Kraft-type paper bag designated for yard waste, or a 32-gallon rigid watertight container with a tightly fitted cover, and placed at the location clearly visible other than curbside, designated for collection by the licensed hauler contracted to remove the same. All yard waste and containers therefore shall be kept in an inconspicuous place except when placed for collection. Yard waste shall be collected or removed at a minimum of once a week."*

Certification of Insurance

1. Proof of liability insurance has been provided as required by Ordinance Section 18-58, as follows:

Sec. 18-58. Proof of insurance required for license. *"No license shall be issued to any garbage hauler until proof of insurance is furnished to the City, showing such insurance to be in full force and effect during the entire term of the business license. The licensee shall furnish proof of liability insurance for public liability and property damage and for bodily injury/death growing out of any one accident or any other cause in the minimum sum of \$250,000.00 for one person, with an annual aggregate limit of \$500,000.00 for two or more persons; and in addition shall provide damage liability insurance in the minimum of \$100,000.00 for property damage growing out of any one accident or other cause, or as an alternative, provide combined limit for bodily injury/death or property damage in the sum of \$500,000.00. Such public liability and property damage insurance shall protect against loss from liability imposed by law for damages on account of bodily injury, including death resulting therefrom, suffered or alleged to have been suffered by any person resulting directly or indirectly from any act or activity of the licensee or any person acting for the licensee or under the licensee or under the licensee's control or direction and also to protect against loss from liability imposed by law for damages to property of any person caused directly or indirectly by acts or activities of the licensee or any person acting for the licensee or under the licensee's control or direction."*

2. Bond (if required)
3. Deposit (if required)

Statement of Operation

All questions must be completed and answered.

1. Parking location(s): _____

2. Materials collected: garbage recyclables yard waste

Special Wastes: contaminated soils asbestos

3. Service Area: State communities or areas outside of Sioux Falls city limits. State approximate percentage of customers for each community, county, or area.

4. Describe your program to collect apartment recyclables: How can we help promote recycling at apartment complexes? (Ordinance 18-23) _____

5. Describe your program to collect residential recyclables (Ordinance Section 18-21): _____

6. Describe your commercial recycling program (Ordinance 18-22): _____

7. Describe your rate structure, listing your base rate, based upon either volume or weight. List all levels of service offered and provide specific information on costs for the disposal of additional wastes and recycling [i.e., base rate plus \$1 for each additional can (bag) or base rate plus 10 percent of base rate for each additional can (bag)]. Ordinance Section 18-59.

8. How does this rate structure encourage recycling? Waste reduction? _____

FOR CITY USE ONLY

Receipt No. _____ Date Issued _____ Amount Received _____

Received and Recommended for Approval by:

Zoning _____ Date _____

Approved for Permit(s) _____ Date _____

(Sanitarian)

By _____

(Public Works Director)

Infectious/Regulated Medical Waste Hauler's Business License Application Form — 20____ City of Sioux Falls, South Dakota

The undersigned makes application under the provisions of Article IV of Chapter 18 for the period ending December 31, 20____. The City of Sioux Falls is under no obligation to refund license fees if denied.

Subject to the issuance thereof, I submit the following information:

1. Name of applicant _____ Home Telephone No. _____

Mailing Address _____
Street Number _____ City/State _____ Zip Code _____

2. Trade Name _____ Business Telephone No. _____

3. Please check appropriate box: Partnership Corporation

Name _____

Address of Partners or Officers _____

4. Description of activity to be carried out under this license: Collection and hauling of regulated medical waste as described in Ordinance Section 19-103 on streets and alleys of Sioux Falls.

5. Facts as required by ordinance necessary for determination of the amount of the license fee: **\$200 per business license or \$100 per business license if renewed within 30 days after expiration.**

6. The license fee in the amount of \$_____ has been paid to the Public Works Department as recorded on Receipt No. _____ dated _____ Ordinance Section 19-103 and 23-35.

7. Liability insurance or bond or deposit, if required, has been furnished as follows: Certification of insurance (Ordinance Section 19-103).

8. Parking Location _____

9. Application made this _____ day of _____, 20____.

I have received a copy of the ordinance requirements and am familiar with its contents. It is understood that the license is issued only to the individual, partnership, or corporation, and for the address named above. Sale of a licensed garbage hauling business to an existing licensed garbage hauling business will cause the seller's license to expire upon consummation of the sale. Expired licenses shall be turned in to the City Public Works Department.

By _____ (Signature of Applicant) _____ (Title)

Approved by _____ for the Public Works Department (1-7, 9)
Approved by _____ for the Zoning Department (8, 9)

Infectious/Regulated Medical Waste Hauler's Business License Transfer/Reissuance Application Form — 20____

City of Sioux Falls, South Dakota

The undersigned makes application under the provisions of Article IV of Chapter 18 for the period ending December 31, 20____. The City of Sioux Falls is under no obligation to refund license fees if denied.

Subject to the transfer/reissuance thereof, I submit the following information:

1. Name of current licensee _____ Home Telephone No. _____
2. Name of applicant _____ Home Telephone No. _____
Mailing Address _____
Street Number _____ City/State _____ Zip Code _____
3. Trade Name _____ Business Telephone No. _____
4. Please check appropriate box: Partnership Corporation
Name _____
Address of Partners or Officers _____
5. Description of activity to be carried out under this license: Collection and hauling of regulated medical waste as described in Ordinance Section 19-103 on streets and alleys of Sioux Falls.
6. Facts as required by ordinance necessary for determination of the amount of the license fee: **\$200 per business license transfer or \$100 per business license reissuance.**
7. The license fee in the amount of \$ _____ has been paid to the Public Works Department as recorded on Receipt No. _____ dated _____ Ordinance Section 19-103 and 23-35.
8. Liability insurance or bond or deposit, if required, has been furnished as follows: Certification of insurance (Ordinance Section 19-103).
9. Parking Location _____
10. Application made this _____ day of _____, 20____.

I have received a copy of the ordinance requirements and am familiar with its contents. It is understood that the license is issued only to the individual, partnership, or corporation, and for the address named above. Sale of a licensed garbage hauling business to an existing licensed garbage hauling business will cause the seller's license to expire upon consummation of the sale. Expired licenses shall be turned in to the City Public Works Department.

By _____
(Signature of Applicant)

(Title)

I consent to have my garbage hauler business license transferred to the above-named applicant.

By _____
(Signature of Applicant)

(Title)

Approved by _____	for the Public Works Department (1-8, 10)
Approved by _____	for the Zoning Department (9, 10)

(For Internal Use Only)

Recycling Collection and/or Processor Business License Application Form—20____ City of Sioux Falls, South Dakota

The undersigned makes application under the provisions of Article IV and V of Chapter 18 for the period ending December 31, 20____. The City of Sioux Falls is under no obligation to refund license fees if denied. Subject to the issuance thereof, I submit the following information:

1. Name of applicant _____ Home Telephone No. _____
Mailing Address _____
Street Number _____ City/State _____ Zip Code _____
2. Trade Name _____ Business Telephone No. _____
3. Please check appropriate box: Partnership Corporation
Name _____
Address of Partners or Officers _____
4. Description of activity to be carried out under this license: Collection and/or processing of recyclable materials as described in Ordinance Section 18.64.
 Collection Processor
5. Facts as required by ordinance necessary for determination of the amount of the license fee: **\$50 per business license.**
6. The license fee in the amount of \$ _____ has been paid to Public Works as recorded on Receipt No. _____ dated _____ Ordinance Section 19-103 and 23-35.
7. Liability insurance or bond or deposit, if required, has been furnished as follows: Certification of insurance (Ordinance Section 18-71).
8. Provide information as required by Ordinance Section 18-71 _____
9. Application made this _____ day of _____, 20_____.

I have received a copy of the ordinance requirements and am familiar with its contents. It is understood that the license is issued only to the individual, partnership, or corporation, and for the address named above. Expired licenses shall be turned in to the City Public Works Department.

By _____
(Signature of Applicant)

(Title)

Approved by _____ for Public Works Department (1-7, 9)

Approved by _____ for Zoning Department (8, 9)



City of Sioux Falls/Sanitary Landfill Infectious/Regulated Medical Waste Hauling Unit Inspection Form

Owner: _____	State Vehicle No. _____
Trade Name: _____	City Permit No. _____
Address: _____	City Ins. Tag No. _____
Telephone No.: _____	Other ID No. _____

Description of Vehicle/Unit

Make of Cab _____	Make of Unit _____	VIN No. _____
Year of Cab _____	Year of Unit _____	State License Plate No. _____
Color of Cab _____	Color of Unit _____	State: _____
Capacity _____		cu. yds. _____

Operation and Maintenance of Unit/Vehicle

***A nonchecked column signifies satisfactory**

Unit	Yes		No		Vehicle	(Pass)	
	Yes	No	Yes	No		Yes	No
1. State/Fed Licensing & ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Windshield	<input type="checkbox"/>	<input type="checkbox"/>
2. Insp. Tag displayed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Mirror	<input type="checkbox"/>	<input type="checkbox"/>
3. All metal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Lights		
4. Totally enclosed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Head	<input type="checkbox"/>	<input type="checkbox"/>
5. Leakproof/airtight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tail	<input type="checkbox"/>	<input type="checkbox"/>
6. Properly marked & identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brake	<input type="checkbox"/>	<input type="checkbox"/>
7. Loaded properly					Directional	<input type="checkbox"/>	<input type="checkbox"/>
not compacted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Horn	<input type="checkbox"/>	<input type="checkbox"/>
8. Doors closed in transit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Noise	<input type="checkbox"/>	<input type="checkbox"/>
9. Locking/securing capability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Fire Ext.	<input type="checkbox"/>	<input type="checkbox"/>
10. Clean/sanitary condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 lb. ABC minimum		
					17. Decontamination/cleanup kit	<input type="checkbox"/>	<input type="checkbox"/>

Satisfactory

Unsatisfactory

Remarks: _____

Date: _____

Driver Signature: _____

Inspector Signature: _____



City of Sioux Falls Public Works/Sanitary Landfill Garbage Hauling Unit Inspection Form

Owner: _____	State Vehicle No. _____
Trade Name: _____	City Permit No. _____
Address: _____	City Insp. Tag No. _____
Telephone No.: _____	City Badge No. _____

Description of Vehicle/Unit			Yes	No
Make of Cab _____	Make of Unit _____	Packer _____	___	___
Year of Cab _____	Year of Unit _____	Container _____	___	___
Color of Cab _____	Color of Unit _____	Location: _____		
	Capacity _____ cu. yds. _____			

Operation and Maintenance of Unit/Vehicle					
Unit			Vehicle	(Pass)	
	Yes	No		Yes	No
1. Permit Displayed	___	___	11. Windshield	___	___
2. Insp. Tag Displayed	___	___	12. Mirror	___	___
3. All Metal	___	___	13. Lights	___	___
4. Totally Enclosed	___	___	Head	___	___
Container (Tarped)	___	___	Tail	___	___
5. Leakproof/Airtight	___	___	Brake	___	___
6. Properly Attached	___	___	Directional	___	___
7. Loaded Properly	___	___	14. Horn	___	___
8. Doors Closed in Transit	___	___	15. Noise	___	___
9. Hopper Empty in Transit	___	___	16. Fire Ext.	___	___
10. Clean/Sanitary Condition	___	___	5 lb. ABC minimum		
	Satisfactory _____			Unsatisfactory _____	

Remarks: _____

Date: _____ Driver Signature: _____

Inspector Signature: _____