



Scavenger License Application

To complete the form, download it and fill in the PDF or print. Once complete, please bring this form, your current driver's license, proof of current auto insurance and a check or cash to City Hall Finance Department, 150 Avon Belden Road, Avon Lake. Forms will also be available to fill out at City Hall.

PLEASE PRINT

**Return completed application and \$15.00 license fee to:
Mayor/Safety Director's Office, 150 Avon Belden Road, Avon Lake, Ohio 44012**

Permit sign must be posted on vehicle at all times. Since the expiration date on the sign must be updated annually (along with payment of the fee), you must call City Hall to make an appointment (440-933-6141).

The undersigned applicant ("Applicant") hereby applies to the City of Avon Lake for a scavenger license and tenders to the City the annual license fee of Fifteen Dollars (\$15.00). Applicant represents and warrants that all information furnished to the City below or in connection with this Application is true, complete and correct. If issued a license, Applicant agrees to abide by and conform to all the requirements set forth in Ordinance No. 5-2013 of the City of Avon Lake, Ohio, including any amendments thereto (the "Scavenger Ordinance"), all rules and regulations set forth in this Application and all rules and regulations from time to time promulgated by the Safety Director of Avon Lake, pursuant to the Scavenger Ordinance.

RULES AND REGULATIONS

No person issued a scavenger license may collect or transport trash prior to 8:00 a.m. or after 8:00 a.m. on any day of the week.

No person issued a scavenger license may collect trash from the following streets:

The license issued pursuant to this Application shall expire on December 31, 20 _____.

Any term not herein defined but which is defined in the Scavenger Ordinance shall have the meaning designated in the Scavenger Ordinance.

Applicant shall immediately notify the Safety Director in writing of any changes to the information supplied by Applicant.

The foregoing rules and regulations may be supplemented, withdrawn or amended at any time by the Safety Director.

APPLICANT

Name _____
(Last) (First) (Middle)

Address _____
(Number) (Street) (Apt. No./P.O. Box)

Phone Number _____

Email _____

Date of Birth _____

If Applicant is not a natural person (e.g. corporation, partnership, limited liability co.):

Type of Entity _____ State of Formation _____

Name of person signing on behalf of Applicant _____

Title of person signing on behalf of Applicant _____

Information for all vehicles Applicant will use for the licensed activities:

Make and Model _____

License No. _____

Make and Model _____

License No. _____

Make and Model _____

License No. _____

Make and Model _____

License No. _____

Applicant's Signature _____ Date _____

Print Name and Title (if applicable) _____