



# Application Trash Haulers License

City of Dacono  
512 Cherry Street  
Dacono, CO 80514  
Phone: 303.833.2317  
cityofdacono.com

**Is this a new license or renewal application?**

**Please check one:**

\_\_\_\_\_ *New License*      \_\_\_\_\_ *Renewal*

**City Code:** \_\_\_\_\_

**(for office use only)**

**Date:** \_\_\_\_\_

**Name of Company/Individual Doing Business as (DBA):**

\_\_\_\_\_

**Business Address (include city, state, zip):**

\_\_\_\_\_

**Business Phone (include area code):** \_\_\_\_\_

**Business Email:** \_\_\_\_\_

**If Mailing Address and/or Phone Number differs from above, please list:**

\_\_\_\_\_

**Owner's Name & Phone:** *(if other than sole proprietor, list two names)*

1) \_\_\_\_\_ 2) \_\_\_\_\_

**Federal Tax ID** *(sole proprietors use SSN):* \_\_\_\_\_

**Colorado State Sales Tax Number** *(if applicable):* \_\_\_\_\_

**Description of business operations (please be as detailed as possible):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Primary Contact Name and Phone Number:** \_\_\_\_\_

**Secondary Contact Name and Phone Number:** \_\_\_\_\_

*(in the event you need to be contacted outside business hours)*

**What are the days and hours of operation of your business?**

\_\_\_\_\_

**The following must be submitted with this application:**

- A copy of your “Certificate of Liability Insurance” for current year issued by your insurance company. The “City of Dacono” needs to be listed as certificate holder.
- A surety bond in the amount of \$2,000.
- A copy of any license or approvals required by other government agencies (e.g. Environmental Protection Agency, Public Health Department of State Licensing Agency).

**Please Read the Following:**

*I declare under penalty of perjury, that this application has been examined by me and that the statements made herein are to the best of my knowledge and belief, true, correct and complete.*

**I swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):**

- I am a United States citizen, or
- I am a permanent Resident of the United States, or
- I am lawfully present in the United States pursuant to Federal law.

*I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. If further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.*

Signature:
Title:
Date:

**For office use only:**

Fee:	Date of Expiration:
Approved By:	Date of Approval:
Denied By:	Date of Denial:
Issued By:	Date of Issuance:

**Conditions of Approval:**