

Fee \$30.00 each Receipt No. _____ License No. _____

No. of Vehicles _____ Account No. 101.370.6760 Date _____

Application for Waste Tire Transporter License – City of Racine

License Expires **January 31st** current year

I, hereby make application for a license to transport waste tire(s) in the City of Racine:

Name _____

Business Address _____ Zip Code _____

Business Telephone No. _____

Home Address _____ Zip Code _____

Home Phone No. _____

Date of Birth _____

Certificate of Insurance _____

Year of Truck	Make of Truck	State License No	VIN No	Gross Weight	Registered Owner

Signature of Applicant