CITY OF BYRON
680 BYRON MAIN COURT NE
BYRON, MN 55920

GARBAGE/REFUSE HAULERS LICENSE APPLICATION

Business Name: _____

Business Site Address: _____

Business Mailing Address (if different): _____

Business Phone Number: _____ FEIN Number: _____

Contact Name: _____

Contact Address: _____

Contact Phone: _____ Contact Email: _____

Location Where Equipment/Vehicles Are Stored: _____

_____

Complete List Of All Vehicles - list on the backside of this page

Annual DOT Certification for each vehicle that will be (or may be) within Byron City Limits.

I will strictly comply with the Laws of the State of Minnesota and City of Byron governing garbage haulers regulations. I have read the foregoing questions; the answers are true of my own knowledge.

I acknowledge that I have reviewed and understand the provisions of Chapter 113 and I intend to abide by this chapter.

_____ _____
Signature of Applicant Date

List vehicles to be licensed. Please complete it in full. Use additional sheets if necessary.

Vehicle Year	Vehicle Make/Model	License Plate Number	VIN Number	Under or Over 2 Ton Truck	Use for Recycling Only - Y/N

FOR OFFICE USE ONLY

Date Received: _____ Amount Paid: _____ Check #: _____

Approved by the Byron City Council on _____day of _____ 2024.

Covering the period from January 1, 2025, through January 31, 2025.