Western Lake Superior Sanitary District
Solid Waste Hauler License Application
Fleet Addition From
2026 - 2028

Name of Business: _____

Business Address: _____
(Street) (City) (State) (Zip)

Name of Business Owner/Agent: _____

New trucks to be added to existing 2026-2028 WLSSD Solid Waste Hauler License *(attach list if necessary)*:

	Year	Make	Model	Empty vehicle weight (TARE)	Number of Axles	Weight Cap. (Yards/Tons)	License Plate Number	Truck Number	Front Load, Side Load, Rear Load, Roll-off, or Semi
1									
2									
3									
4									
5									
6									

Calculate License Fee: Number of Trucks Listed: _____ x **$25.00** = _____

(Enclose payment of license fee for amount calculated made payable to "WLSSD")

Payment of license and tipping fees can be made by check, credit card, cash or invoice by contacting Jessica Ollhoff at 218-740-4804 or jessica.ollhoff@resourcerenew.com. License fees are due at time of application.

Required Supporting Documentation - Attach or complete the item(s) listed below and submit with this application form.

☐ **Commercial Vehicle Inspection Documentation**
Attach copies of the most recent commercial vehicle inspection reports completed for each vehicle you have listed on this application form (for vehicles over 26,000 LBS gross vehicle weight).

****Incomplete Information:** Application will be deemed incomplete if information is omitted, incomplete, inaccurate, or does not comply with application requirements, or the required fee does not accompany the application form

I VERIFY THAT ALL THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT AND ACCURATE, AND THAT THE SERVICES TO BE PROVIDED SHALL COMPLY WITH THE WESTERN LAKE SUPERIOR SANITARY DISTRICT SOLID WASTE ORDINANCE AND ALL OTHER APPLICABLE LOCAL, COUNTY, AND STATE ORDINANCES.

_____ _____

Printed Name of Applicant and Title **Signature of Applicant** **Date**

Send completed application forms to:
Western Lake Superior Sanitary District
ATTN: Planning Department
2626 Courtland Street
Duluth, MN 55806