

# REQUEST FOR CITY SOLID WASTE COLLECTION FOR BUSINESS

RETURN COMPLETED APPLICATION TO:

Department of Customer Service  
City of Racine  
730 Washington Ave Room  
103 Racine, WI 53403

Date\_\_\_\_\_

BUILDING ADDRESS.\_\_\_\_\_

NAME OF BUSINESS AND/OR BUILDING.\_\_\_\_\_

NAME OF PERSON MAKING REQUEST\_\_\_\_\_

OWNER OF BUILDING\_\_\_\_\_ OWNER'S TELEPHONE#\_\_\_\_\_

OWNER'S ADDRESS\_\_\_\_\_

CONTINUING OR NEW BUSINESS\_\_\_\_\_

Type of Building: ☐ Store ☐ Restaurant/Bar ☐ Gas Station ☐ Church ☐ Private School

☐ Condominium ☐ Multi-Family Residence - Number of Dwelling Units.\_\_\_\_\_

☐ Other- Describe.\_\_\_\_\_

If Combined Business & Residential, Which is Request For\_\_\_\_\_

Number of 95 Gallon Containers (per week- **3 Maximum**)\_\_\_\_ Garbage Picked Up At: ☐ Curb ☐ Alley  
**(There will be no charge for the first cart and a \$65.00 per garbage cart and a \$67.00 per recycling bin charge)**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Property Owner

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FOR OFFICE USE ONLY

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Is Property Zone Properly: ☐ Yes ☐ No Does This Request Meet Volume Restrictions: ☐ Yes ☐ No

Does This Property Meet the Definition of "On-Street Business": ☐ Yes ☐ No

Request Approved: ☐ Yes ☐ No Reason for Denial,\_\_\_\_\_

Date Solid Waste Collection Can Begin\_\_\_\_\_

Date Recycling Collection Can Begin.\_\_\_\_\_