



Roll-Off Box/ Dumpster License Application

Name of Business: _____

Name(s) of Beneficial Owners:

Mailing address(s)

Physical Address:

Corporate Address:

Name of person to contact:

Telephone: _____

E-mail: _____

Permit is valid January 1 to December 31 and shall not be prorated.

Required submissions:

_____ Proof of insurance (\$500,000 injury, \$100,000 property damage)

_____ \$100 payment to the City of Gothenburg

*****[OFFICE USE ONLY]*****

☐ Approved ☐ Denied

Signature: _____ Date: _____

No person shall park, stop or permit a roll-off container, dumpster or other container on any public right of way. Any person who wishes to park, stop or permit a roll-off container, dumpster, or other container on any public right of way must obtain a permit therefore from the Police Department.