	(OFFICE USE ONLY)
Aŗ	oplicant: Archies Inc.
<del>&gt;</del> 1.)	A fee of \$75 was paid ondate, and collected by
2.) the	A certificate of vehicle liability insurance, showing a minimum of \$400,000 coverage, that allows evehicle to be used as a <b>commercial hauler</b> is attached and was received on, 1/22/19.
3.) thi	A recycling plan, WHICH IS PART OF THIS APPLICATION, was completed and submitted with is application. The plan was received on, $\frac{1/22/19}{2}$
otł	A list of commercial customers in Fayette, Readfield, and Wayne including names, addresses, and her detail information was submitted on $\frac{1/22/19}{2/19}$ and reviewed by the Town Manager on $\frac{1/22/19}{2/19}$ .
Λ	NOTES:
_	
<u></u>	
_	

Per our phase conservation I go requestion that we be able to unload our from with vegets only on Wednesday afternoon, edge we vinish the route.

The distance to bring it back on Thurday is just to fav. Currently we hard sort at our location in forming to.

Thank you for considering this request, If you have any questions or concerns please don't hesitate to contact me.

Han



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/2/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

L	IMPORTANT: If the certificate holder the terms and conditions of the policy certificate holder in lieu of such endor		n AC		e policy endors	/(ies) must b ement. A sta	e endorsed tement on t	If SUBROGATION	IS WA	IVED, nfer rig	subject to ghts to the
	oducer IG Insurance Services, LLC			· · · · · · · · · · · · · · · · · · ·	CONT	ACT Heidi Blor	ndin				
3	36 Water Tower Circle				-			FA	X (C. No): 80	02-861	-4440
10	olchester VT 05446			<i>ş</i> ·		Ess: Heidi@R			C, NO; O	02-001	<del>-111</del> 0
								RDING COVERAGE			NAIC#
<u> </u>					INSUR			Specialty Insurance	Comps	env	41718
1 -	rured Tchie's Inc.	ARC	HINC-0	1		ERB: Zurich A			Ouniou		16535
I P	O. Box 367					ERC: MEMIC		·			14164
M	exico ME 04257	z			INSUR	ERD:	· · · · · · · · · · · · · · · · · · ·				14104
1				•	INSUR	ERE:					· · · · · · · · · · · · · · · · · · ·
Ļ.					INSURI	ERF:				_	
	OVERAGES CER	TIFI	CAT	E NUMBER: 894293940				REVISION NUMBER	ER:	i	
E	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PERT POLI	AIN, CIES.	THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	THE POLICIES REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RE	OR THE ESPECT CT TO /	POLIC TO W ALL TH	Y PERIOD HICH THIS IE TERMS,
INST		INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
A	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR			CBC20000286403		2/21/2018	2/21/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrent	\$	1,000,00	Ó
			1					1	1	100,000	<del></del> .
			}					MED EXP (Any one perso		5,000	·
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJUI		1,000,00	·
	X POLICY PRO-							GENERAL AGGREGATE		2,000,00	0
	OTHER:					·		PRODUCTS - COMP/OP	AGG \$	· · · · · ·	
В	AUTOMOBILE LIABILITY			BAP5473591-06	· · · · · · · · · · · · · · · · · · ·	2/21/2018	2/21/2019	COMBINED SINGLE LIMI (Ea accident)			
	ANY AUTO							(Ea accident) BODILY INJURY (Per pen		1,000,000	0
	X ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per acc			
	X HIRED AUTOS X AUTOS X AUTOS AUTOS AUTOS		ļ					PROPERTY DAMAGE	S S		
			·	,			ł	(Per accident)	\$		
	UMBRELLA LIAB OCCUR					<del></del>		EACH COOLIGORING			<del>.</del>
	EXCESS LIAB CLAIMS-MADE		ĺ				ŀ	EACH OCCURRENCE	\$		
	DED RETENTION \$						ŀ	AGGREGATE	\$		
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			1810041083		2/19/2018	2/19/2019	PER OT	\$ _  H-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE					[		E.L. EACH ACCIDENT			····
	(Mandatory in NH)	N/A	1				İ	E.L. DISEASE - EA EMPLO		000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below	١					Ì	E.L. DISEASE - POLICY LI	-		
								E.L. DISEASE - FOLIGY L	MIII į \$-1,	,000,000	<u> </u>
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (A	CORD	101, Additional Remarks Schedul	e, may be	attached if more	space is require	d)			•
	,			<u>.</u> .							
CFF	TIFICATE HOLDER				CANCI	TI I ATION					
<u>var</u>	THE TOLDER	<u> </u>			SHOU THE	EXPIRATION	DATE THEF	SCRIBED POLICIES B REOF, NOTICE WILL PROVISIONS.	E CANC L BE	ELLED	BEFORE ERED IN

© 1988-2014 ACORD CORPORATION. All rights reserved.

AUTHORIZED REPRESENTATIVE

# PERMIT APPLICATION

1 1	ر ا			
Company Name: Trchie	s Inc.	<del></del>		
Owner/Representative:	1 Archiba	<u>ld</u>	1.# <u>207-364</u>	<u>-2425</u>
Mailing Address: <u>PO BO</u>	367	Nexico, M.	e.04257	_
Street Address, if different:	360 Rive	Rd F	exico	_
1.) List of vehicles that will be	used to haul	materials to the	Transfer Station.	
MAKE M	ODEL	YEAR	PLATE#	
Volvo	WG	3001	8A-G926	<u>!</u>
Fad	550	2011_	3A-459	7
2.) As a separate attachment, p	tila a Niestin	a of gommowoigl	oustomers includ	ing their name.
address, seasonal status, n	umber of dun	ipsters / cans, th	eir size, their serv	ice frequency, and
an estimate of the volume commercial and residential	of waste collectustomers, pro	vide the informat	ion requested belo	w:
Identify the number of	customers <u>yo</u>			
		Fayette	Readfield	Wayne
Residential Year-Round		142		3
Residential Summer Cu		10		3
Commercial Customers			O	
Identify the number of	f customers <u>yc</u>	ou expect to servi	<u>ice</u> from each Tov	vn as of <u>July 1, 2019</u>
		Fayette	Readfield	Wayne
Residential Year-Round	1 Customers	142	0	31
				<del></del>
Regidential Silmmer Cil	istomers	l K	0	3
Residential Summer Cu Commercial Customers		7	0	9
Commercial Customers		7	0	1 waste:
		7	haul main stream	
Commercial Customers		are permitted to	haul main stream	n waste:  Nextco Wew Shara-
Commercial Customers  3.) List all other municipality  1		are permitted to	haul main stream	
Commercial Customers  3.) List all other municipality  1		are permitted to	haul main stream	

#### **RECYCLING PLAN**

As part of the Readfield Commercial Haulers Permit Application, a Hauler's Recycling Plan must be submitted, along with an application for approval, to the Readfield Select Board. My application includes the following information regarding my Hauler's Recycling Plan (please check and initial all that apply):

that apply):	(please check and initial all
1.) I have informed my customers that they must separate recyclables contransfer Station Ordinance, and I will make the Recycling Guide available inform the Readfield Town Office if you would like a digital copy of the I	e to all customers (Please
	Initial A, A.
2.) If a customer does not separate recyclables consistent with the Ordinan will provide written notification to the Readfield Town Manager.	ce and Recycling Guide, I
3.) I pick up MSW on Wednesday (day) and Recyclables on	Initial Ash.  Wednesday (day).  Initial 1717
4.) I pick up the following:Demo,Tires;Mattresses/Furniture;collect associated disposal fees from my customers and pay them to the To	Metal & White goods. I wn of Readfield.
	Initial
5.) My vehicle and/or trailer has a separate section(s) for all single-sort rec metal, glass, etc.):, and for MSW (regular household waste).	yclables (paper, plastic,
	Initial <u>AA</u>
6.) My vehicle and/or trailer are covered, or I can ensure that no MSW or r into the road during transport to the Transfer Station.	ecyclable materials will fall
	Initial <u>A, A</u>
7.) I and/or my employee(s) distribute the recyclables collected from my cuappropriate single-sort compactor at the Readfield Transfer Station.	astomers into the
$\dot{m{\omega}}$	Initial <u>A.A.</u>
I understand that it is my responsibility to notify my customers of my Recy Plan is subject to Readfield Select Board approval and periodic review. I a lose my right to use the Readfield Transfer Station if I do not follow all	lso understand that I will
Hauler's Signature: M. Miliell	Date: 1-18-19

ette / Wayne / Readfield Commercial Customers	weeldy Volume	Seasonal	Approximate Season
FAYETTE			
CAMP WINNEBAGO RT#17 FAYETTE	8 yds	Yes	year rainel
ECHO LAKE LODGE & COTTAGES 230 ECHO LODGE RD	God	No	You round
FAYETTE COUNTRY STORE 1916 MAIN ST	4xd	No	yearrand
FAYETTE SCHOOL DEPT 2023 MAIN ST	Gyd	No	your rama
J.S. CREATIVE METAL 218 LOVEJOY RD	1 bag	No	year round
LAKE VIEW ESTATES 261 SHORE DRIVE	Hyds	No	year round
MAINE MARKET REFRIDGERATION 98 MORRIS SPRINGER RD	God	No	xearand
WAYNE			
C.H. STEVENSON 190 WALTON RD.	4yd	No	year round
COBB'S CORNER STORE 672 MAIN ST	270	No	year round
FRED DUPLISEA LORD RD WAYNE	2-6-ds		4 months
JOHNNY'S AUTO 58 FAIRBANKS RD	and	No	year vand
MERLE GILES TRUCKING 199 TUCKER RD	270	No	Yearroud
WAYNE COMMUNITY CHURCH OLD WINTHROP RD	Hondster 1 loag	No	year round
WTS TREE EXPERTS 134 FAIRBANKS RD	270	No	your rand
WTS TREE EXPERTS 134 FAIRBANKS RD			
NAS PROPERTIES 238 TALL TIMBERS RD.	Yyd	No	yearround

PAY TO THE ORDER OF

Town of Readille

10000557m

9 1 m B 2 5 m 2 1 O m

ARCHIE'S, INC.

60227

. Town of Road held

ARCHIE'S, INC.

60227

# PERMIT APPLICATION

	19Sty				
Owner/Representative: Ryan Galou	<b>A</b> .	Tel. # Zo	7215 5653	•	
Owner/Representative: RynG-516000  Mailing Address: 476 Wings M	in Ada	19 role	Mean	)	
Street Address, if different:					÷ ;*
1.) List of vehicles that will be used to hau	l materials to t	he Transfer	Station.		
MAKE MODEL	YEAR	PLAT			
Dodge Ranisa	2005	42	0 & 1/7		
GMC One ton	5-06	<del>17</del>	5HB		
Of Office of the			-2110		
· · · · · · · · · · · · · · · · · · ·					
2.) As a separate attachment, provide a listin	g of commerci	al customer	s including (	heir name,	
an estimate of the volume of waste colle	ipsters / cans, : cted weekly = A	their size, the	eir service f	•	nd
commercial and residential customers, pro	vide the inform	ation reques	ted below:	. Por bom	
Identify the number of customers <u>yo</u>	u currently sei	•			
		<u>rvice</u> from 6.	فقسدان تها		
				Rather t	
Residential Year-Round Customers	Fayette S()	Readfi		PM Land	
Residential Year-Round Customers Residential Summer Customers	Fayette SO				· · · · · · · · · · · · · · · · · · ·
	Fayette			TOWN of Dame	
Residential Summer Customers  Commercial Customers	Fayette 50	Readfi		Town of Reac Recei	7') *-
Residential Summer Customers	Fayette 50	Readfi		Recei	7') *-
Residential Summer Customers Commercial Customers  Identify the number of customers you	Fayette 50 10 3 u expect to serv	Readfi		Recei	7') *-
Residential Summer Customers Commercial Customers  Identify the number of customers you  Residential Year-Round Customers	Fayette  50  3  u expect to server fayette	Readfi	01/18/19 7:3	Recei	pt —
Residential Summer Customers Commercial Customers  Identify the number of customers you	Fayette 50 10 3 u expect to serv	Readfi	(1/18/19 7:3) Type	Recei	p t
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Residential Summer Customers Commercial Customers  Identify the number of customers you  Residential Year-Round Customers Residential Summer Customers Commercial Customers  3.) List all other municipalities where you a	Fayette  SO  Respect to service  Fayette  SO  10  3  re permitted to	Readfi vice from e	U1/18/19 7:3 TYPE TRANS STATION Paid By: Galo Remaining Ball Thank yo	Recei  Recei  Recei  Recei  Recei  Recei  Recei  Recei  Recei	94012-1 AMXIII 75.0
Residential Summer Customers Commercial Customers  Identify the number of customers you Residential Year-Round Customers Residential Summer Customers Commercial Customers  3.) List all other municipalities where you a	Fayette  SO  Respect to service  Fayette  SO  10  3  re permitted to	Readfi vice from e	U1/18/19 7:3 TYPE TRANS STATION Paid By: Galo Remaining Ball Thank yo	Recei  Recei  Recei  Recei  Recei  Recei  Recei  Recei  Recei	94012-1 AMXIII 75.0
Residential Summer Customers Commercial Customers  Identify the number of customers you  Residential Year-Round Customers Residential Summer Customers Commercial Customers  3.) List all other municipalities where you a	Fayette  SO  Respect to service  Fayette  SO  10  3  re permitted to	Readfi vice from e	U1/18/19 7:3 TYPE TRANS STATION Paid By: Galo Remaining Ball Thank yo	Recei  Recei  Recei  Recei  Recei  Recei  Recei  Recei  Recei	94012-1 AMXIII 75.0
Residential Summer Customers Commercial Customers  Identify the number of customers you  Residential Year-Round Customers Residential Summer Customers Commercial Customers  3.) List all other municipalities where you a	Fayette  SO  Respect to service  Fayette  SO  10  3  re permitted to	Readfi vice from (2) Readfi	U1/18/19 7:3 TYPE TRANS STATION Paid By: Galo Remaining Ball Thank yo	Recei  Recei  Recei  Recei  Recei  Recei  Recei  Recei  Recei	94012-1 AMXIII 75.0

PO (1997) PO

ny Name: James 1/2 Representative: Address: POR 172	an ond	Sc	
Representative:  Address: D 172	an ong	.7C	
Address: POBy 172		<del></del>	
Address: 20 By 172		Tel. # 207-0	2/2 -
N/a 1/	D 1/	), 1 m	0//-
Willia 11	_/Tead t	e10/1/1-	435
ddress, if different:	Melega	Rol Rea	Afde/
of vehicles that will be used to hau	I materials to th	e Transfer Statio	n.
MAKE MODEL	YEAR	PLATE#	
+900 8Chay	1990		
1/2 Jeur		<i>J</i>	
heili Showida	250x 19	92 211-	? <i>?</i> {/
The organization	DUW //	$< \sim \lor /$	<del>'                                    </del>
* -			
ress, seasonal status, number of du stimate of the volume of waste coll	mpsters / cans, t ected weekly.  A	heir size, their ser sample form is att	rvice freque ached. For
a separate attachment, provide a listing ress, seasonal status, number of dustimate of the volume of waste collemential and residential customers, production of the number of customers y	mpsters / cans, t ected weekly. A ovide the informa	heir size, their ser sample form is att ation requested bel	rvice freque ached. For ow:
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#### **RECYCLING PLAN**

As part of the Readfield Commercial Haulers Permit Application, a Hauler's Recycling Plan must be submitted, along with an application for approval, to the Readfield Select Board. My application includes the following information regarding my Hauler's Recycling Plan (please check and initial all that apply):

1.) I have informed my customers that they must separate recyclables consistent with the Readfield Transfer Station Ordinance, and I will make the Recycling Guide available to all customers (Please inform the Readfield Town Office if you would like a digital copy of the Recycling Guide).  Initial
2.) If a customer does not separate recyclables consistent with the Ordinance and Recycling Guide, I will provide written notification to the Readfield Town Manager.  Initial
3.) I pick up MSW on Thursday friday (day) and Recyclables on Thursday Friday (day).  Initial
4.) I pick up the following:
5.) My vehicle and/or trailer has a separate section(s) for all single-sort recyclables (paper, plastic, metal, glass, etc.):, and for MSW (regular household waste).
6.) My vehicle and/or trailer are covered, or I can ensure that no MSW or recyclable materials will fall into the road during transport to the Transfer Station.  Initial
7.) I and/or my employee(s) distribute the recyclables collected from my customers into the appropriate single-sort compactor at the Readfield Transfer Station.  Initial
I understand that it is my responsibility to notify my customers of my Recycling Plan and that said Plan is subject to Readfield Select Board approval and periodic review. I also understand that I will lose my right to use the Readfield Transfer Station if I do not follow all the rules above.
Hauler's Signature: Date: ///



#### **CERTIFICATE OF LIABILITY INSURANCE**

01/11/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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	IIII	Michael Alden State Fa	ırm İ	Insu	rance	NAME: PHONE	2073952	2118	FAX 2	073952	2122
Star	teFar					PHONE (AIC, No, Ext): 2073952118 FAX (AIC, No): 2073952122 E-MAIL ADDRESS; sherrie.doyon.lceo@statefarm.com					
_		Winthrop, Maine 0436	4								MAIC #
(		,				INCHE			mobile Insurance Company	-+	NAIC # 25178
INSU	RED	James Diamond				INSURE		Triatae 7 tage	noone magranes company	<del></del>	
		PO Box 172									
		Readfield, Maine 0435	5			INSURE				-	
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		•				INSURE		-			
CO	/ERA	GES CER	TIFIC	ATE	NUMBER:	MOURE	NT:		REVISION NUMBER:		
	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA					VE BEE	N ISSUED TO			HE POL	ICY PERIOD
CE	ERTIFI	TED, NOTWITHSTANDING ANY REC ICATE MAY BE ISSUED OR MAY I BIONS AND CONDITIONS OF SUCH I	PERT	AIN,	THE INSURANCE AFFORD	DED BY	THE POLICIE	S DESCRIBE	D HEREIN IS SUBJECT T		
INSR LTR				SUBR				POLICY EXP (MM/DD/YYYY)	LIMIT	 S	
LIK	7	COMMERCIAL GENERAL LIABILITY	INSD	VVVU	POLICI NUMBER		(MM/DD/TTTT)	(MIMODELLA LA)	EACH OCCURRENCE	\$	
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	_ -						!		MED EXP (Any one person) PERSONAL & ADV INJURY	\$	
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		POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	
						ĺ			PRODUCTS - COMPTOP AGG	<u>»</u> \$	
Α	_	OTHER: -							COMBINED SINGLE LIMIT	\$	
^		ANY AUTO		· '	070504054 40		40/04/0040	00/04/0040	(Ea accident) BODILY INJURY (Per person)	\$	500,000
	7	ALLOWNED SCHEDULED			0705049F4-19		12/04/2018	06/04/2019	BODILY INJURY (Per accident)		500,000
		NON-OWNED							PROPERTY DAMAGE	\$	250,000
	'	HIRED AUTOS AUTOS							(Per accident)	\$	200,000
	1	JMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	$\mathbf{H}$	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	-	DED RETENTION\$							AGGREGATE	\$	
	_	ERS COMPENSATION							PER OTH-	A.	
		MPLOYERS' LIABILITY  ROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	OFFIC	ER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE		
	If yes.	describe under RIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		
	DEGG	AIFTION OF OFERATIONS BROW							E.L. DIGERGE - FOLICT LIMIT	Ψ	27.5
		•									
DES	CRIPTIC	ON OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	i 101, Additional Remarks Schedu	ile, may be	attached if mor	e space is requir	ed)		
199	2 Che	evrolet K2500 P/U Hauling trash 2	day	s per	week Readfield and Way	ne					
											İ
CF	RTIFI	CATE HOLDER			<i>"</i> .	CANC	ELLATION				
						1					
		of Readfield							DESCRIBED POLICIES BE (		
K	adti	ield, Maine 04355							EREOF, NOTICE WILL CY PROVISIONS.	BE DE	LIVERED IN
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		<del></del> '					© 1	988-2014 AC	ORD CORPORATION	All rigi	nts reserved.

# **Commercial Haulers Annual Permit - 2018**

(OFFICE USE ONLY)

Applicant: // CO	to Wask Services	
1.) A fee of \$75 was paid on	n 1/20/19 date, and collected by 1/20. CK	56413
	liability insurance, showing a minimum of \$400,000 coverage, that a commercial hauler is attached and was received on, 1/00/19	llows
3.) A recycling plan, WHICI this application. The plan w	CH IS PART OF THIS APPLICATION, was completed and submitted was received on, _// \( \frac{1}{2} \) / 1 ? .	ed with
4.) A list of commercial cust was submitted on //aa/	stomers in Fayette, Readfield, and Wayne including names and address of the Town Manager on 1/22/19	esses .·
NOTES:		<del></del>
Town of Readfield  Receipt —		
THERE STREET IN LIFE WITH A STREET	56-1 Accure 75-00	
Paid By: Traieno Weste Services Remaining Balance: 0.00 Thank you have a great day! Check: 75.00		<u>-</u>
56413 - 75.00		·
		<del>:</del>