



# City of Yukon

**Community Development**

P.O. Box 850500 - (10 S. 5th St)

Yukon, OK 73085

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### FOR CITY USE ONLY

NAICS CODE \_\_\_\_\_ ZONING \_\_\_\_\_

FIRE \_\_\_\_\_ PLANNING \_\_\_\_\_

## NEW GARBAGE REGISTRATION APPLICATION

**Required Items– Please fill out all other applicable items**

<b>Business Information</b>	♦ Trade (DBA) Name of Business				
	♦ Taxpayer Name (Owner(s), Partner(s), or Corporation name)				
	♦ Business Location Address (No PO Box)		♦ City	♦ State	♦ Zip + 4
	♦ Mailing Address		♦ City	♦ State	♦ Zip + 4
	♦ Local Business Phone	♦ Local Fax	♦ Main Office Phone	♦ Main Office Fax	
	♦ Main Office Email		♦ Federal Identification Number		
	♦ Contact Name		♦ Sales Tax Number		
	♦ Contact Phone Number	♦ Contact Fax	♦ Contact Cell Phone Number		
	♦ Contact Email				

<b>Ownership Information</b>	♦ Type of Ownership <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLP or LLLP <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Government <input type="checkbox"/> Non-Profit 501 (c)(3) <input type="checkbox"/> Other Non Profit <input type="checkbox"/> Other _____					
	♦ COMPLETE THE FOLLOWING FOR EACH OWNER, PARTNER, MEMBER, OR OFFICER: (use additional sheet if necessary)					
	1) Name		Title	Home Phone		
	Home Address		City	State	Zip + 4	Cell Phone
	2) Name				Home Phone	
	Home Address		City	State	Zip + 4	Cell Phone
	3) Name		Title	Home Phone		
	Home Address		City	State	Zip + 4	Cell Phone

(Complete Reverse Side of this page)

**General Business Info**  
(Businesses located in a commercial area of the Town must fill out)

♦ Specify Items sold and/or services Performed:

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♦ Type of Business (check all that apply)

<input type="checkbox"/> Retail	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Service	<input type="checkbox"/> Construction	<input type="checkbox"/> Home Occupation
<input type="checkbox"/> Communications	<input type="checkbox"/> Medical	<input type="checkbox"/> Mail/Internet Order	<input type="checkbox"/> Leasing	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Office Only

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♦ Start Date of Business	♦ Square feet of Location	♦ Number of Employees at Location	♦ Managers Name at Location
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**Emergency Information**

♦ 24 Hour Emergency Contact Name:

Emergency Phone Number	Emergency Cell Phone Number
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♦ 24 Hour Emergency Contact Name (Alternate):

Emergency Phone Number	Emergency Cell Phone Number
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**Sec. 98-3. Private hauling of garbage and rubbish prohibited; exception.**

(a) It shall be unlawful for any person not under contract with the city to haul any solid waste over the city streets; provided, however, that nothing in this section shall be construed to preclude a person from removing rubbish from his own premises, at his own expense, and hauling the same over city streets, provided it is done in a neat and sanitary manner.

(b) In addition to the provisions of subsection (a) of this section, any private commercial hauler of solid waste may provide disposal services and may haul solid waste over city streets for commercial or other miscellaneous establishments utilizing or requiring garbage service for the disposal of more than 300 cubic yards of solid waste per month; provided, however, that any business hauling or disposing of solid waste pursuant to this section shall be required to pay to the city a business or occupational license tax in the amount of \$100.00 per year per pickup location. This tax shall be governed by the provisions of chapter 22.  
(Code 1975, § 10-3)

**Notice: This license will be revoked if this form with the requirements for occupancy approval is not completed in the time specified by the Inspectors. I hereby certify that the above information is true and correct; that I am familiar with the zoning ordinances governing the Business Use within the City of Yukon and will observe and conform in all respects to said ordinances.**

BUSINESS NAME WHERE GARBAGE CONTAINERS ARE PLACED	ADDRESS OF BUSINESS	NUMBER OF CONTAINERS

**Signature**

Notice: This license will be revoked if this form with the requirements for occupancy approval is not completed in the time specified by the Inspectors. I hereby certify that the above information is true and correct; that I am familiar with the zoning ordinances governing the Business use within the City of Yukon and will observe and conform in all respects to said ordinances. I declare under penalty of perjury, that his application has been examined by me; that the statements made herein are made in good faith and, to the best of my knowledge and belief, are true, correct and complete.

♦ Applicants Signature	♦ Printed Name	♦ Date
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