

Non-Refundable \$100  
Application Fee Paid

**Town of Wayne**  
**6030 Mohawk Road**  
**Campbellsport, WI 53010**  
Application for Sludge hauler License

Name and Address of Applicant:

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Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Legal description of parcels of land on which it is proposed to dispose of sludge and name and addresses of owner(s) and or tenants(s). (Attach exhibits, if necessary)

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Length of time applicant intends to apply sludge to each of the above listed parcels:

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Attach copies of all contracts involving the hauling and inspection of sludge by applicant.

Date: \_\_\_\_\_

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