

CITY OF VERMILLION  
25 Center Street  
Vermillion, SD 57069  
Phone 605-677-7056  
Fax 605-677-5461

**COMMERCIAL LANDFILL CREDIT APPLICATION**

Business Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

SSN or Federal ID: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Sales or Excise No. \_\_\_\_\_

Vehicle license numbers covered by this application:

\_\_\_\_\_

List all materials to be delivered:

\_\_\_\_\_

\_\_\_\_\_

Questions regarding the acceptability of materials please contact the landfill directly at 605-677-7059.

***I understand that charging is a privilege and that all fees are due by the 20<sup>th</sup> of the month of a 5% penalty will be assessed. If fees are unpaid by the end of the month, charging will be discontinued. I understand and will abide by all rules and regulations of the landfill.***

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_