



Iowa Department of Natural Resources
Land Quality Bureau
WASTE TIRE HAULER REGISTRATION
APPLICATION/RENEWAL FORM

CON 12-1-1
Doc # 117328

00-0000-00
Business Name
Applicant Name

Notice to applicants: Before you complete this application, carefully read the attached instructions. Failure to complete the form correctly or to provide all the requested information will result in the application being returned.

Begin here: This application is for: New Registration Annual Renewal

Please complete all of the following items by typing or printing only:

POSTED
JUN 09 2026

ITEM 1 Name of business: HABBEN ENTERPRISES LLC #TH-143

ITEM 1A List any other name(s) under which the tire hauler may be affiliated with (parent company, corporation, etc.)

ITEM 2 Address and phone number of the principal place of business of the tire hauler:
Street address: 3562 RACINE AVENUE
City/State/Zip Code: DAYTON IA 50530
Phone Number: Work: (515) 571-1597 Email: Habbenoutlet@yahoo.com

ITEM 3 Name and address of the person(s) submitting this application as a representative of the tire hauler:
Name: DENNIS HABBEN
Address: 3562 Racine Ave
City/State/Zip Code: Dayton Ia
Phone Number: 515-571-1597 Email: _____

ITEM 4 Name and address of the president of a corporate waste tire hauler, or the owners of 10% or more of a waste tire hauler operating as a proprietorship or partnership:

1) Name: _____
Address: _____
City/State/Zip Code: _____
Phone Number: _____

2) Name: _____
Address: _____
City/State/Zip Code: _____
Phone Number: _____

3) Name: _____
Address: _____
City/State/Zip Code: _____
Phone Number: _____

05390 '26 JUN 5 PM 2:08

ITEM 5 Motor vehicle information

Complete the following information for each motor vehicle used by the applicant for hauling tires:

Vehicle #1 Year <u>2022</u> Make <u>Kenworth</u> Model <u>T680</u> Name and address of owner: <u>Habben Enterprises LLC</u> <u>Dayton, IA 50530</u> VIN# <u>1XKYD49X5AJ484364</u> License Plate # <u>LR 70203</u> State Registered In: <u>IA</u>	Vehicle #2 Year _____ Make _____ Model _____ Name and address of owner: _____ _____ VIN# _____ License Plate # _____ State Registered In: _____
Vehicle #3 Year _____ Make _____ Model _____ Name and address of owner: _____ _____ VIN# _____ License Plate # _____ State Registered In: _____	Vehicle #4 Year _____ Make _____ Model _____ Name and address of owner: _____ _____ VIN# _____ License Plate # _____ State Registered In: _____

*Copy this sheet and add information for as many additional vehicles as needed

ITEM 6 Waste tire end use information

Provide the name of all facilities where waste tires are hauled for disposal, storage or processing or of another site of end use where the waste tires will be transported:

- 1) Name: Graweband Macom LLC
Address: 612 Bloos Ind Dr
City/State/Zip Code: MACOM MO 63552
Phone Number: 660 385 7136
- 2) Name: Treadstone Tire Recycling
Address: 175 S Des Plaines St.
City/State/Zip Code: Joliet IL 60436
Phone Number: 815-726-4644
- 3) Name: David's Tire Recycling
Address: 1300 N CLICK P.O. Box 408
City/State/Zip Code: NEVADA, MO 64772
Phone Number: 417-667-6871

ITEM 7

If this application represents a NEW registration, attach a surety bond for \$150,000 using the form attached herein. If a renewal, provide or obtain copies of statement or invoice that shows that the bond renewal has been paid for and is current and in effect.

- ITEM 8** The applicant, representing the waste tire hauler identified herein, agrees to comply with the vehicle marking requirements as contained in Iowa Administrative Code 567 chapter 116.
Initial here with understanding of these requirements: DH
- ITEM 9** The applicant agrees to notify the department of natural resources within 30 days of any change in the information provided by the applicant in this application.
Initial here with understanding of these requirements: DH
- ITEM 10** The applicant shall pay all amounts due to any individual, group, or entity for damages caused by improper disposal of waste tires by the applicant or the applicant's employee while acting within the scope of employment. I understand that such damages shall not be limited to the value of the hauler's bond.
Initial here with understanding of these requirements: DH
- ITEM 11** I understand the responsibilities of a waste tire hauler, per applicable Iowa Code and administrative rule requirements, and submit this application as signed below:
Signature: Habben Enterprises Llc by Dennis Habben Date: 6/1/26
Type or print name: Habben Enterprises Llc by DENNIS Habben
- ITEM 12** Attach the annual registration fee of \$50. Make checks payable to the "Iowa Department of Natural Resources." Registration fees are non-refundable; incomplete applications or applications not meeting the requirements of Iowa Administrative Code 567 Chapter 116 will be denied.

Return completed application, fee, and bond information to:

**Becky Jolly
Iowa Department of Natural Resources
6200 Park Ave, Ste 200
Des Moines IA 50321**



OLD REPUBLIC SURETY GROUP

1415 28TH STREET SUITE 420
WEST DES MOINES, IA 50266
800-247-2312

about:blank

CONTINUATION CERTIFICATE

BOND NUMBER	BOND DESCRIPTION	BOND AMOUNT	EFFECTIVE DATE	EXPIRATION DATE
RFP7442911	WASTE TIRE HAULER	150,000	2/06/2026	2/06/2027

PRINCIPAL

HABBEN ENTERPRISES LLC
3562 RACINE AVE
DAYTON, IA 50530

OBIGEE

STATE OF IA IA DNR
502 E 9TH ST
DES MOINES, IA 50319

ORIGINAL FOR BOND RENEWAL

THIS BOND CONTINUES IN FORCE TO THE ABOVE EXPIRATION DATE CONDITIONED AND PROVIDED THAT THE LOSSES OR RECOVERIES ON IT AND ANY AND ALL ENDORSEMENTS SHALL NEVER EXCEED THE PENALTY SET FORTH IN THE BOND AND WHETHER THE LOSSES OR RECOVERIES ARE WITHIN THE FIRST AND/OR SUBSEQUENT OR WITHIN ANY EXTENSION OR RENEWAL PERIOD, PRESENT, PAST OR FUTURE. ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

SIGNED AND DATED THIS FIRST DAY OF JUNE 2026

40-2152
LIGOURI & ASSOCIATES, INC.
PO BOX 35396
DES MOINES, IA 50315



OLD REPUBLIC SURETY COMPANY
SURETY

By 

515-285-0370

ORSC 22014B (1/2012)