



SANGAMON COUNTY DEPARTMENT OF PUBLIC HEALTH

2833 South Grand Avenue East, Springfield, IL 62703
Phone: (217) 535-3145 Fax: (217) 747-5103

The undersigned hereby makes application for a yearly license to haul waste in Sangamon County under the provisions of the Solid Waste Management Ordinance.

SECTION A

1 Applicant's Name: \_\_\_\_\_

\*If a partnership, list all partners. \_\_\_\_\_

\*If a corporation, group or association, list the names of: \_\_\_\_\_

Registered Agent: \_\_\_\_\_

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

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

Business Address: \_\_\_\_\_

Billing Address (if different than above): \_\_\_\_\_

Business Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

3 Manager's Name: \_\_\_\_\_

Manager's Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Emergency Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

4 Address and zoning classification where vehicles will be stored when not in use in Sangamon County

\*all storage area for Class V2 vehicles may not be included in and "R-1", "R-2", or "R-3" area

Table with 2 columns: Address, Zoning Classification. Includes three rows of blank lines for input.

5 If any vehicle used in your operation is owned by anyone other than yourself, please specify the following:

Name of vehicle owner: \_\_\_\_\_

Address of vehicle owner: \_\_\_\_\_

Vehicle year: \_\_\_\_\_ Vehicle make: \_\_\_\_\_

Vehicle identification number: \_\_\_\_\_

6 Liability insurance carrier name: \_\_\_\_\_

Liability insurance carrier address: \_\_\_\_\_

Policy number: \_\_\_\_\_

Agent name: \_\_\_\_\_

Agent phone number: ( ) \_\_\_\_\_ - \_\_\_\_\_

\*\*\* Proof of liability insurance carried on each vehicle must be attached to this application

7 Worker's compensation insurance carrier name: \_\_\_\_\_

Worker's compensation insurance carrier address: \_\_\_\_\_

Policy number: \_\_\_\_\_

Agent name: \_\_\_\_\_

Agent phone number: ( ) \_\_\_\_\_ - \_\_\_\_\_

\*\*\* Proof of compensation insurance must be attached to this application

8 If additional employees are involved in the operation of the business, please attach a list of the names and home addresses of those employees to this application.

9 Will your operation be engaged in the collections of recycable materials? [ ] Yes [ ] No

10 If yes, identify the type of material to be hauled for that vehicle, and the proposed method of disposition of the recycables: \_\_\_\_\_

## SECTION B

List below all vehicles to be used in the operation including the make, model, year, VIN and registration number:

VEHICLE	YEAR	MAKE	MODEL	VIN NUMBER	LICENSE PLATE	V1	V2	T
1								
2								
3								
4								
5								
6								
7								
8								
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25								

The following fees shall be required:

- A. \$10.00 Each License
- B. \$152.00 Class V1 (Each vehicle with capacity of 7 cubic yards or less)
- C. \$177.00 Class V2 (Each vehicle with capacity of more than 7 cubic yards)
- D. \$54.00 Class T (Each trailer)

Total number of vehicles	
LICENSE FEE	\$ 10.00
V1 # x \$152.00 =	\$
V2 # x \$177.00 =	\$
T # x \$ 54.00 =	\$
<b>TOTAL AMOUNT DUE</b>	<b>\$</b>

Payment of fees in the form of a certified check or money order payable to the Sangamon county Department of Public Health must accompany the original license application or renewal application. All vehicles must be inspected by the Sangamon County Department of Public Health before initial operation of the business. Upon approval of this application, the Sangamon County Department of Public Health shall issue a license and a decal for each vehicle or trailer included in the application. The decals shall be displayed by the applicant on the windshield of such vehicle, or on a readily visible portion of the trailer.

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

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

**For Department Use Only**

Approved:  Denied:

INS  DOT  LIC  CON

Inspector Name: \_\_\_\_\_

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

Approving Authority and Title: \_\_\_\_\_

Comments: \_\_\_\_\_