



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

Address

Zoning Classification

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_