

OFFICE USE ONLY:			
New	License #		mount Due \$
Renewal		A	mount Paid \$
Transfer	Business Account	# D	ate Issued
******	******	*******	*******
FEES: Annual Hauler B	usiness License - \$370.	.00	
	Registration Sticker - ********	· =	zed vehicle *********
I. APPLICANT INFOR	MATION		
Name of Business #1:			
Business Address:			
City:		State:	Zip Code:
Mailing Address:			
(If different than business address)	City:	State:	Zip Code:
Manager Name:		Emergency Telepho	one: ()
Business Telephone: ()	FAX (_)
Email			
If applicable:			
Name of Business #2:			
Business Address:			
City:		State:	Zip Code:
Mailing Address:			
(If different than business address)	City:	State:	Zip Code:
Manager Name:	_	_Emergency Telepho	one:()
Business Telephone: (_)	FAX ()
Email			

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II. VEHICLE INFORMATION

Provide the following information for each collection vehicle to be operated by the business within the City: (1) For Type of vehicle, specify: roll-off, packer, semi, trailer, pick-up, etc., (2) For Material Hauled specify: municipal waste (MW), landscape waste (LW), or recyclable materials (RM)

	Year	Make	Model	Туре	License Plate #	VIN#	GVWR	Cap. Cu Yd.	Material Hauled	City Vehicle License #
1.										
2.										
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15.										

Additional page, if needed.

	Year	Make	Model	Туре	License Plate #	VIN#	GVWR	Cap. Cu Yd.	Material Hauled	City Vehicle License #
16.										
17.										
18.										
19.										
20.										
21.										
22.										
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III. VEHICLE INSPECTION REPORTS

Attach a copy of the <u>Illinois Department of Transportation - Vehicle Inspection Report</u>, for those vehicles required to be safety tested pursuant to Illinois Statutes, for each collection vehicle to be operated within Urbana.

IV. INSURANCE REQUIREMENTS

Attach a copy of the insurance policy/certificate(s) for general liability, vehicle liability, worker's compensation and unemployment insurance, in amounts required by Illinois law.

V. VEHICLE REGISTRATION STICKER

				•	cipal waste/residential	recyclables collection. I	Each
of these	vehicles will require an	annual vehicle registrat	tion sticker issued by the	e City.			
VI. CER	RTIFICATION						
I certify	that the information	contained in and sub	omitted for this license	e application is corre	ect, to the best of my l	knowledge:	
Owner/N	Manager Name (please pr	int)					
Signature	2		Date				

NOTE: The licensee shall notify the City in writing within fourteen (14) calendar days following a change in any information contained in the licensee's application.

MAIL TO: City of Urbana, Finance Department, 400 South Vine Street, Urbana, IL 61801