



CITY OF  
URBANA

HAULER BUSINESS LICENSE APPLICATION  
JULY 1, 2021 - JUNE 30, 2022

\*\*\*\*\*

**OFFICE USE ONLY:**

New \_\_\_\_\_ License # \_\_\_\_\_ Amount Due \$ \_\_\_\_\_  
Renewal \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_  
Transfer \_\_\_\_\_ Business Account # \_\_\_\_\_ Date Issued \_\_\_\_\_

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**FEES: Annual Hauler Business License - \$355.00**

**Annual Vehicle Registration Sticker - \$180.00, per motorized vehicle**

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**I. APPLICANT INFORMATION**

Name of Business #1: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

(If different than business address) City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Manager Name: \_\_\_\_\_ Emergency Telephone: (\_\_\_\_) \_\_\_\_\_

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 Telephone: (\_\_\_\_) \_\_\_\_\_

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	Type	License Plate #	VIN #	GVWR	Cap. Cu Yd.	Material Hauled	City Vehicle License #
1.										
2.										
3.										
4.										
5.										
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7.										
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9.										
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11.										
12.										
13.										
14.										
15.										

Additional page, if needed.

	Year	Make	Model	Type	License Plate #	VIN #	GVWR	Cap. Cu Yd.	Material Hauled	City Vehicle License #
16.										
17.										
18.										
19.										
20.										
21.										
22.										
23.										
24.										
25.										
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29.										
30.										

**III. VEHICLE INSPECTION REPORTS**

Attach a copy of the Illinois Department of Transportation - Vehicle Inspection Report, 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**

List the vehicle number from Section II, **of all motorized vehicles that will be used only for municipal waste/residential recyclables collection**. Each of these vehicles will require an annual vehicle registration sticker issued by the City.

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**VI. CERTIFICATION**

**I certify that the information contained in and submitted for this license application is correct, to the best of my knowledge:**

Owner/Manager Name (please print) \_\_\_\_\_

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

NOTE: The licensee shall notify the City in writing within fourteen (14) 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**