



**CITY OF JACKSONVILLE
CITY CLERK'S OFFICE
200 WEST DOUGLAS AVENUE
JACKSONVILLE, ILLINOIS 62650
PHONE 217/479-4613 * FAX 217/479-0452
E-mail cityclerk@jacksonvilleil.com**

APPLICATION FOR WASTE HAULER LICENSE

The undersigned hereby makes application for a yearly license to haul waste in the City of Jacksonville under the provisions of the Garbage and Refuse Ordinance.

SECTION A

1. Applicant's Name: _____
(If a partnership, list all partners. If a corporation, group or association, list name of State of Incorporation, Chief Executive, Registered Agent and Financial Officer; if corporation, submit a Certificate of Good Standing): _____
_____.
2. Business name, address and telephone number: _____
_____.
3. Manager's name, address and telephone number (if different than above): _____
_____.
4. Address and zoning classification where vehicles will be store when not in use within the City of Jacksonville: _____
_____.
5. If any vehicle use in your operation is owned by anyone other than yourself, please specify the following:
Name and address of vehicle owner: _____

Make and year of vehicle: _____
Vehicle identification number: _____.
6. Liability insurance carrier name and address: _____

Policy number: _____
Agent name and telephone number: _____
(Proof of liability insurance carried on each vehicle must be attached to this application.)
7. Worker's compensation carrier name and address: _____

Policy number: _____
Agent name and telephone 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 collection of recyclable 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 recyclables: _____
_____.

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
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

The following fees shall be required:

		<u>TOTAL:</u>
A.	Annual License Fee - \$25.00	\$ 25.00
B.	Permit Fee Per Truck – (# of Trucks x \$75.00)	\$ _____

TOTAL AMOUNT DUE: \$ _____

Payment of fees in the form of a certified check or money order payable to the Jacksonville City Clerk must accompany the original license application or renewal application. All vehicles must be inspected by Butch Wood before initial operation of the business. Upon approval of this application, the City Clerk 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: _____

Approved on: _____ By: _____