



Village of Downers Grove

SCAVENGER LICENSE APPLICATION

Date: _____

Application is hereby made to the Village of Downers Grove for issuance of a Scavenger Type ___A ___B license, pursuant to the ordinances of the Village and laws of the State of Illinois.

1. GENERAL INFORMATION

1.1. Applicant

Name: _____

Address: _____

Phone: _____

1.2. Status

Individual(s) or Sole Proprietorship

Corporation

Limited Liability Company

Partnership

Other (explain) _____

1.3. Manager

Name: _____

Address: _____

Phone: _____

Date of Birth: _____

Place of Birth: _____

Social Security Number (Last Four): _____

Citizenship: _____

If naturalized, date/place of naturalization: _____

Driver's License Number and State: _____

2. PREMISES

2.1. Doing Business As: _____

Address: _____

Phone: _____

Number of Staff in Office: _____

Hours of Business: _____

Effective Date of Establishment: _____

24-hour Emergency Phone Number: _____

3. CORPORATION/LIMITED LIABILITY COMPANY

This section must be completed by authorized agent of any corporate or limited liability company Applicant. If Applicant is a partnership, skip section 3 and go to section 4. If Applicant is neither a corporation, limited liability company nor a partnership, skip sections 3 and 4 and go to section 5.

3.1. Applicant was incorporated or organized under the laws of the State of _____ on the _____ day of _____, A.D., _____.

3.2. If Applicant was not incorporated or organized under the laws of the State of Illinois, is Applicant a foreign corporation or limited liability company authorized to transact business in the State of Illinois?

Yes No

3.3. Registered Agent:

Name: _____

Address: _____

Phone: _____

3.4. Corporate Applicants and limited liability company Applicants must complete and attach Officers and Directors, and Ownership Interests forms.

4. PARTNERSHIP

This section must be completed by authorized agent of any partnership Applicant. If Applicant is not a partnership, skip to Section 5.

4.1. Applicant was formed under the laws of the State of _____ on the _____ day of _____, A.D., _____.

4.2. Is Applicant a limited partnership pursuant to the Illinois Revised Uniform Limited Partnership? Yes No

4.3. If Applicant was not formed under the laws of the State of Illinois, is Applicant a foreign partnership qualified under the Illinois Uniform Partnership Act or the Illinois Uniform Limited Partnership Act, as now or hereafter amended, to transact business in the State of Illinois?

Yes No

4.4. Registered Agent: Not Applicable

Name: _____

Address: _____

Phone: _____

4.5. General Partner: Not Applicable

Note: if there is more than one general partner, include that general partner who is to be primarily responsible for operation of the licensed premises.

Name: _____

Address: _____

Phone: _____

4.6. Managing Partner: Not Applicable

Note: if there is more than one managing partner, include that managing partner who is to be primarily responsible for operation of the licensed premises.

Name: _____

Address: _____

Phone: _____

4.7. Partnership Applicants must complete and attach Partnership form.

5. SOLE PROPRIETORSHIP

Name: _____

Skip to Section 6.

6. QUALIFICATIONS

6.1. Has any license issued to the applicant, the manager or any person or entity listed on Officers and Directors, Ownership Interests, or Partnership forms ever been fined, revoked or suspended?

___ No

___ Yes, please identify the following:

a. Jurisdiction revoking or suspending license: _____

b. Date of revocation or suspension: _____

c. Reason given by revoking jurisdiction for revocation or suspension:

d. Additional explanatory information, if desired: _____

6.2. Has Applicant, the manager, or any person or entity listed on e Officers and Directors, Ownership Interests, or Partnership / forms, ever been convicted of a felony under Federal or State law?

No

Yes, please identify the following:

a. Jurisdiction revoking or suspending license: _____

b. Date of revocation or suspension: _____

c. Reason given by revoking jurisdiction for revocation or suspension:

d. Additional explanatory information, if desired: _____

6.3. Is applicant a resident of Downers Grove?

Yes No Not Applicable – Corporation / Partnership

7. CERTIFICATE OF INSURANCE

7.1. Coverage required.

Personal Injury – Each Person - \$500,000 Each Occurrence - \$1,000,000

Property Damage - \$100,000

7.2. Insurance Details

Insurance Carrier (Required):

Policy Number: _____

Effective Dates: _____

7.3. Attach Certificate of Insurance

An applicant with a self-insurance program may satisfy the requirement of this section by submitting to the Village a statement from the administrator of such program that the applicant can satisfy claims in the amounts set forth above.

8. EQUIPMENT

Complete required form titled, "List of Applicant's Equipment"

9. DISPOSAL

State the method of collection and places of disposal of refuse collected in the Village.

State the method of collection and places of disposal of landscape waste collected in the Village.

State the method of collection and places of deposit of recyclables collected in the Village.

10. FINANCIAL STATEMENTS

Attach financial statements prepared by a Certified Public Accountant or copies of Federal income tax returns for the two-year period prior to this application.

11. REFERENCES

Attach evidence of satisfactory service in the scavenger and recycling business through letters of reference from administrators of other municipalities or from significant private customers served by the applicant in the three years prior to this application.

12. VERIFICATION OF ABILITY TO SERVICE MULTI-FAMILY STRUCTURES

Please provide the following:

- Number of multi-family structures currently, or proposed to be, provided with recycling collection, and the number of units in each of those structures.
- Total amount of recycling capacity required to serve each of those structures, based upon the following formula: 9.0 gallons (number of units) = base weekly recycling capacity.
- Types and sizes of recycling containers provided by the applicant.
- Number of pickups per week necessary to meet the base weekly recycling capacity at each structure.
- List of proposed processors or purchasers of the recyclables collected.

13. DISCLOSURE

- 13.1. Applicant understands and agrees that additional information and material may be required during the processing of this application related to applicant's qualifications, the information provided herein, including attachments. Applicant agrees to provide such additional information and material and that failure to do so may delay the processing of this application or result in its denial.
- 13.2. In the event Applicant is made aware that any information or document submitted as part of this application process is inaccurate or incomplete, Applicant agrees to immediately notify the Village and provide appropriate corrections. Applicant understands and agrees to provide such additional information and material, and that failure to do so may delay the processing of this application or result in its denial.
- 13.3. The applicant is aware of and agrees to the provisions of Downers Grove Village Code Sec. 8-67.01 which require the firm to make available recycling service to owners of multi-family structures served by the firm, currently or during the term of this license.

THE UNDERSIGNED, BEING DULY SWORN, DOES STATE AS FOLLOWS:

**A. THAT THE UNDERSIGNED IS EMPOWERED TO PREPARE AND
SIGN THIS APPLICATION ON BEHALF OF THE APPLICANT.**

**B. THAT THE UNDERSIGNED HAS REVIEWED THIS APPLICATION,
AND ALL ATTACHMENTS AND SUBMITTALS, AND THAT THE
INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE.**

Name of Corporation/Limited Liability Company/Partnership/ Sole

Proprietorship: _____

Applicant Signature: _____

Printed Name: _____

Title: _____

Date: _____

