CITY OF CRYSTAL LAKE

APPLICATION FOR GARBAGE AND REFUSE COLLECTION SERVICE LICENSE

JULY 1st, 2018 TO APRIL 30th, 2019

☐ Commercial ☐ Manufacturing ☐ Multi-Family (utilizing a centralized dumpster, no curbside collection).
City Selected Exclusive Waste Hauler: ☐ Single Family ☐ Multi-Family (utilizing curbside collection).
The undersigned hereby makes application for a Garbage and Refuse Collection Service License in the City of Crystal Lake, Illinois, and agrees by submitting this application, to conform to Article IV, Section F, Garbage and Refuse Removal Services of the Crystal Lake City Code.

LICENSE IS SOUGHT FOR THE FOLLOWING BUSINESS:

_____
Exact Name Business Is Conducted Under

_____ (____) ____-_____
Street Address Phone Number

APPLICATION IS MADE ON BEHALF OF A SOLE PROPRIETORSHIP:

_____ _____ _____
First Name Middle Last

_____
Residential Address City State Zip

___________ _____ ____-___-____ (____)____-_____
Date of Birth Place of Birth SSN# Phone Number

Is applicant a US citizen? ☐ Yes ☐ No Time & place of naturalization: _____

APPLICATION IS MADE ON BEHALF OF A PARTNERSHIP OR CORPORATION:

Firm is a ☐ Partnership ☐ Corporation (check one)

Legal Name of Partnership or Corporation: _____

Date of incorporation or partnership formation: _____/_____/_____

State object for which it was organized: _____

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THE FOLLOWING INFORMATION IS REQUIRED OF ALL PARTNERS, OFFICERS AND DIRECTORS. (IF ADDITIONAL ROOM IS NEEDED, PLEASE USE REVERSE SIDE.)

_____ _____ _____
First Name Middle Last

_____
Title/Office Held

_____
Residential Address City State Zip

___________ _____ ____-___-____ _____
Date of Birth Place of Birth SSN# Drivers License #

Is applicant a US citizen? ☐ Yes ☐ No

Time & place of naturalization:_____

_____ _____ _____
First Name Middle Last

_____
Title/Office Held

_____
Residential Address City State Zip

___________ _____ ____-___-____ _____
Date of Birth Place of Birth SSN# Drivers License #

Is applicant a US citizen? ☐ Yes ☐ No

Time & place of naturalization:_____

_____ _____ _____
First Name Middle Last

_____
Title/Office Held

_____
Residential Address City State Zip

___________ _____ ____-___-____ _____
Date of Birth Place of Birth SSN# Drivers License #

Is applicant a US citizen? ☐ Yes ☐ No

Time & place of naturalization:_____

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The character of business of applicant. (In case of corporation, the objects for which it was formed): _____

_____

Length if time in that business: _____

Has applicant ever had similar license? ☐ Yes ☐No

Disposition of application:_____

Has applicant ever been convicted of a felony? ☐ Yes ☐ No

Is applicant disqualified to receive a license for any reason contained in the laws of this State or the ordinances of this City? ☐ Yes ☐ No

Has the applicant ever had a previous license issued by any State, subdivision or Federal Government revoked? ☐ Yes ☐ No

If yes, give reason(s): _____

_____

Applicant intends to dump all garbage refuse or rubbish collected from within the City of Crystal Lake at the following sanitary landfills of compost facility:

_____	_____	_____
Company Name	Street Address	City
_____	_____	_____
Company Name	Street Address	City

Does applicant agree **not** to violate any of the laws of the State of Illinois or any ordinance of the City of Crystal Lake in the conduct of applicant's business? ☐ Yes ☐ No

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COMMERCIAL TRUCK DESCRIPTIONS:
Number of trucks to be operated under this license: _____
If additional room is needed, please use a separate sheet

MAKE:_____ MAKE:_____
MODEL: _____ MODEL: _____
YEAR: _____ YEAR: _____
S/N: _____ S/N: _____

MAKE:_____ MAKE:_____
MODEL: _____ MODEL: _____
YEAR: _____ YEAR: _____
S/N: _____ S/N: _____

MAKE:_____ MAKE:_____
MODEL: _____ MODEL: _____
YEAR: _____ YEAR: _____
S/N: _____ S/N: _____

MAKE:_____ MAKE:_____
MODEL: _____ MODEL: _____
YEAR: _____ YEAR: _____
S/N: _____ S/N: _____

MAKE:_____ MAKE:_____
MODEL: _____ MODEL: _____
YEAR: _____ YEAR: _____
S/N: _____ S/N: _____

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RESIDENTIAL TRUCK DESCRIPTIONS (CITY SELECTED EXCLUSIVE WASTE HAULER):
Number of trucks to be operated under this license: _____
If additional room is needed, please use a separate sheet

MAKE:_____ MAKE:_____
MODEL: _____ MODEL: _____
YEAR: _____ YEAR: _____
S/N: _____ S/N: _____

MAKE:_____ MAKE:_____
MODEL: _____ MODEL: _____
YEAR: _____ YEAR: _____
S/N: _____ S/N: _____

MAKE:_____ MAKE:_____
MODEL: _____ MODEL: _____
YEAR: _____ YEAR: _____
S/N: _____ S/N: _____

MAKE:_____ MAKE:_____
MODEL: _____ MODEL: _____
YEAR: _____ YEAR: _____
S/N: _____ S/N: _____

MAKE:_____ MAKE:_____
MODEL: _____ MODEL: _____
YEAR: _____ YEAR: _____
S/N: _____ S/N: _____

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Note: Both Application and Affidavit must be signed as follows: Sole proprietorship by owner, Partnership by both partners, and Corporation by President and Secretary. AFFADVIT MUST BE SIGNED IN FRONT OF A NOTARY PUBLIC.

_____

Full Name Title

_____

Full Name Title

Date: _____

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AFFIDAVIT

STATE OF ILLINOIS)
)
COUNTY OF McHENRY)

I (we) swear that I (we) have read the attached application and know the contents thereof, and that the statements contained in this application are true and correct to the best of my (our) knowledge and belief.

_____

Full Name Title

_____

Full Name Title

Subscribed and sworn to before me this

_____ day of _____, _____.

_____

Notary Public

My Commission expires: _____

****

LICENSE FEE IS $100.00 PLUS $50.00 FOR EACH TRUCK OPERATED

NUMBER OF COMMERCIAL TRUCKS _____
NUMBER OF RESIDENTIAL TRUCKS _____
TOTAL AMOUNT PAID $_____

RECEIVED: _____
APPROVED BY CITY COUNCIL: _____

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