



## APPLICATION FOR SOLID WASTE LICENSE

City of Quincy, Illinois

Ordinance No.

No.

The undersigned applicant in compliance with Chapter 21 (Health Regulations) of the Municipal Code of the City of Quincy of 1980, Article VI (Solid Waste License) hereby makes application for:

**Trade Name/Licensee:** \_\_\_\_\_

\_\_\_\_\_ License ( Fee per company \$1,000.00)

### Proof of Insurance and Proof of Ownership:

Name of Company: \_\_\_\_\_

Policy # \_\_\_\_\_

Contact Info: \_\_\_\_\_

\_\_\_\_\_ Comprehensive General Liability  
\$1,000,000.00 per occurrence for bodily insurance  
\$2,000,000.00 annual aggregate  
\$1,000,000.00 per occurrence for property damage  
\$2,000,000.00 annual aggregate

\_\_\_\_\_ Vehicle liability insurance  
Not less than \$1,000,000.00

\_\_\_\_\_ Workers Compensation Insurance

**Name of Applicant:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

\_\_\_\_ Partnership \_\_\_\_ Corporation \_\_\_\_ LLC    Year of Establishment: \_\_\_\_\_  
State of Corporation: \_\_\_\_\_

\_\_\_\_ **Proof of corporation in good standing**

Attach State Certificate:

Principal officers and stockholders and other persons having any financial or controlling interest of greater than 5%

<b>Title</b>	<b>Name</b>	<b>Address</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Equipment :** Type \_\_\_\_\_ Number: \_\_\_\_\_  
VIN: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Applicant agrees to use City approved facilities for disposing of all solid waste which are collected and removed.

**Customer list:** See Attached

SWORN AFFIDAVIT OF APPLICANT

If a Partnership, the application must be signed by at least 2 partners.  
If a Corporation, the President and Secretary must sign and attest the application.  
Sign in the presence of a Notary Public.

I (or we) \_\_\_\_\_  
being first duly sworn, affirm under oath, full knowledge of foregoing statements and  
that all answers set forth herewith are true and correct.

\_\_\_\_\_  
Signature of Applicant  
\_\_\_\_\_

State of Illinois

County of \_\_\_\_\_

Duly acknowledge and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_  
(SEAL)

\_\_\_\_\_  
Notary Public