



CITY OF CRYSTAL LAKE

APPLICATION FOR GARBAGE AND REFUSE COLLECTION SERVICE LICENSE

MAY 1st, 2021 TO APRIL 30th, 2022

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

Return completed form to: City of Crystal Lake – 100 W. Municipal Complex – Crystal Lake, IL. 60014 ATTN: City Manager's Office



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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: _____

MODEL: _____

YEAR: _____

S/N: _____

MAKE: _____

MODEL: _____

YEAR: _____

S/N: _____

MAKE: _____

MODEL: _____

YEAR: _____

S/N: _____

MAKE: _____

MODEL: _____

YEAR: _____

S/N: _____

MAKE: _____

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YEAR: _____

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MODEL: _____

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MODEL: _____

YEAR: _____

S/N: _____

MAKE: _____

MODEL: _____

YEAR: _____

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: _____

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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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