



SCAVENGER LICENSE APPLICATION

Date of Application: _____

Name of Scavenger Company: _____

Address: _____

Name of Applicant: _____ Phone No.: _____

Address: _____

List names and addresses of the Owner and Officers of the Scavenger Company:

- (1) _____
- (2) _____
- (3) _____
- (4) _____

Location of the IEPA (or its successors) approved disposal facility to be used:

Location where scavenger vehicles will be parked when not in use:

**CERTIFICATES OF INSURANCE FOR PUBLIC LIABILITY, MOTOR VEHICLES AND
PROPERTY DAMAGE SHOWING THE DATES OF EXPIRATION MUST BE SUBMITTED
WITH THIS APPLICATION.**

Applicant's Name (printed)

Applicant's Signature

NOTE:

** Annual license fee is \$350.00

** Licenses for the next calendar year are to be renewed by April 30th of the year of expiration.

Official Use Only

Date License Issued _____ Fee Paid \$ _____ Check No. _____