



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 Licensed Issued _____

Fee of \$350 Paid \$ _____

Check No. _____