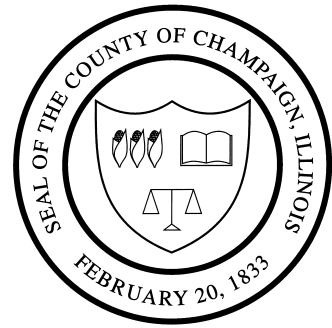


**CHAMPAIGN COUNTY WASTE HAULER VEHICLE
LICENSE APPLICATION**

January 1, 2024 - December 31, 2024

License Fee: \$35 per Collection Vehicle ¹



1. APPLICANT:

Name

Address City State Zip

Phone Number

Applicant's Relationship to Business

2. TYPE OF BUSINESS: (Check One)

Partnership F.E.I.N. _____
Individual Owner
Corporation

3. COLLECTING AGENT ² BUSINESS INFORMATION:

Name

Address City State Zip

Phone Number

IF CORPORATION, NAME OF REGISTERED AGENT:

Name

Address City State Zip

Phone Number

IF INDIVIDUAL OWNER, NAME OF OWNER:

Name

Phone Number

Champaign County Waste Hauler Vehicle License Application - 2024

4. COLLECTION VEHICLES UTILIZED BY COLLECTING AGENT ² WITHIN CHAMPAIGN COUNTY:

Number of Collection Vehicles¹: _____

Vehicle Description Year, Make, Model	Equipped with Loading Hopper? Yes/No	Note Containment Type	Vehicle Identification Number	License Plate No.

Please attach a separate sheet if additional space is needed.

5. LIST ALL TOWNS, VILLAGES OR GENERAL AREAS SERVICED BY COLLECTING AGENT ² IN CHAMPAIGN COUNTY:

6. INDICATE THE LOCATIONS OF ALL WASTE DISPOSAL SITES UTILIZED BY COLLECTING AGENT, FOR THE DISPOSAL OF SOLID WASTE ³ OR OTHER REFUSE ⁴ COLLECTED WITHIN CHAMPAIGN COUNTY:

7. CERTIFICATE OF INSURANCE:

Insurance Company: _____

Policy Number: _____ Expiration Date: _____

Each Person/Each Occurrence - Personal Injury: \$ _____

Property Damage: \$ _____

Please Attach Certificate of Insurance.

An applicant with a self-insurance program may satisfy the requirement of this section by submitting to the County Solid Waste Manager a statement from the administrator of such program that the applicant can satisfy claims in the amounts set forth above.

The applicant understands the Penalties for Violations of this Ordinance to be as follows:

A violation of any of the provisions of Champaign County Board Ordinance No. 2019-11 is a Petty Offense punishable by a fine of not more than five hundred dollars (\$500.00) for each offense as provided by law. Each day the violation continues shall constitute a separate offense.

Two separate offenses within a twelve (12) month period will result in possible suspension or revocation of the collecting agent's license. Possible suspension or revocation will be at the discretion of the licensing entity, the Champaign County Board, after referral and recommendation from the Champaign County Environment and Land Use Committee.

SIGNED: _____ DATE: _____

Please Print Name: _____

Champaign County Waste Hauler Vehicle License Application - 2024

Please return this application with payment of license fees due to:

**Champaign County Solid Waste Manager
Planning and Zoning Department
Brookens Administrative Center
1776 East Washington Street
Urbana, IL 61802**

Notes:

1. Champaign County Board Ordinance No. 2019-11 was adopted on November 21, 2019 by the Champaign County Board. The Ordinance increased the waste hauler license fee to \$35 per each "collection vehicle." Ordinance No 2019-11 defines "collection vehicle" as vehicles owned, operated or leased by a collecting agent for the purpose of collection or transporting of solid waste or other refuse.
2. Champaign County Board Ordinance No. 2019-11 defines "collecting agent" as the person, firm or corporation engaged in the business of collecting or transporting solid waste and other refuse for a fee."
3. Champaign County Board Ordinance No. 2019-11 defines "solid waste" as garbage and all wastes resulting from the handling, preparation, processing or cooking of food including vegetables and animal offal, carcasses of small dead animals, except sewage, and other water carried waste.
4. Champaign County Board Ordinance No. 2019-11 defines "other refuse" as bottles, tin cans, broken glass, crockery, scrap metal, vehicle parts, derelict vehicles, printed matter, paper, discarded clothing, furniture and appliances, ashes, debris from fire damage, earth, sand, brick, son, plaster and other substances that may accumulate during the construction of a building.

FOR OFFICE USE ONLY:

Sticker Numbers: _____

Fee Paid: \$ _____ Check #: _____

Date Paid: _____