

**TOTAL PAID**:

## PRIVATE WASTE/GARBAGE COLLECTOR/ RECYCLING CONTRACTOR APPLICATION

2828 Sheridan Road, Zion, IL 60099 847-746-4012 - FAX 847-746-7167 www.cityofzion.com

APPLICANT I	NFORMATION:					
Business/O	rganization Name:				_	
Business Mailing Address:				City:		
State:	Zip Code:	Business Phone	e No:	Fax No.:		
Manager or	Responsible Party:			I		
E-Mail Addr	ess:					
Website Add	dress:			Tax ID No.:		
of Zion, Illinois  1. A desc 2. A writt 3. An and 4. A curre  The undersign agrees that thi  The license fer refundable. Ch 60099  Any person whose punished by	Attached hereto as participation of the equipment description of the enual bond in the penal ent Certificate of Insurated hereby agrees to also license may be revokented in the payable of the license should be payable to commits a violation of	art of the application sint to be used in the coxact locations and met sum of \$50,000 executance.  bide by the ordinances and by the Mayor of the ense year beginning Jalle to "City of Zion" are of any section of this ar	hall be: purse of the ap thod of disposa ited by you an of the City of e City of Zion f anuary 1st, and and mailed to Ci ticle, unless of	al of garbage and trash. It is a surety company.  Zion and the statues of the for violation of City ordinant It is a company.  d ending December 31st. A styron it is a company.	e State of Illinois, and ces and statues. All license fees are non- 3 Sheridan Road, Zion, IL of a petty offense and shall	
Owner or Man	ager's Signature			Date		
Print Name						
		(For O	ffice Use Only	<i>(</i> )		
Date: Receipt No. Original lice Penalty:	: nse amount:			License No.:		

1.	Business Name:	
2.	Description of equipment used:	
3.	Locations and methods of disposal of garbage and	d trash:
Owne	er or Manager's Signature	
Owne	er or Manager's Signature	
Plea curre	er or Manager's Signature  ase remit your completed application, your license fee ent a Certificate of Insurance along with this form, to ridan Road, Zion, Illinois 60099	e of <b>\$825.00</b> , your annual bond and
Plea curre	ase remit your completed application, your license fee ent a Certificate of Insurance along with this form, to	e of <b>\$825.00</b> , your annual bond and