VILLAGE OF GODFREY
WASTE HAULER LICENSE
JANUARY 1, 2017 TO DECEMBER 31, 2017

NAME OF WASTE HAULER (Please Print or Type)

ADDRESS OF COMPANY

PHONE ________________

Employer or Illinois Tax I.D. Number
Waste Recovery Facility to be used:

Phone ____________________________

Attach list of all vehicles:
- Year
- Model
- Description of type of vehicle
- Feet Number
- Weight
- Capacity in cubic yards and tons of those vehicles operated within the Village of Godfrey.
PROOF OF CERTIFICATE INSURANCE: (Copy of Certificate of Insurance)
Comprehensive Public Liability General Insurance
Name and Address of Agent Name and Address of Agent
__________________________________ ____________________________
__________________________________ ____________________________
Phone ___________________________ Phone _____________________
Date: ____________________________

Signature of Applicant

Approval given _______ Day of ____________ , 20__.

Denial given _______ Day of ____________ , 20__.

__________________________________________
President, Village of Godfrey