

License NO. _____

**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