

License NO. _____

VILLAGE OF GODFREY
WASTE HAULER LICENSE
JANUARY 1, 2009 TO DECEMBER 31, 2009

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