

CITY OF OLNEY
SANITARY HAULER LICENSE APPLICATION
APRIL 1 - MARCH 31

Name of Applicant: _____

Address of Applicant: _____

Address from which business will be conducted: _____

DISPOSAL

Disposal Location: _____

Please attach a copy of a contract or other evidence assuring the
City that disposal of garbage, refuse, and waste is at an approved landfill and
in accordance with rules and regulation of the
Illinois Environmental Protection Agency.

INSURANCE

\$1,000,000 Minimum Liability Insurance Policy

Insurance Company: _____

Please attach a Certificate of Insurance

Please provide the Requested Truck Information on the Attached Sheet.

Date

Signature (Owner / Officer)

For Office Use

Date Filed: _____

Fee Paid: _____ Receipt #: _____

TRUCKS TO BE USED

Make: _____

Model: _____

Year: _____

License #: _____

Serial #: _____

State Inspection #: _____

Make: _____

Model: _____

Year: _____

License #: _____

Serial #: _____

State Inspection #: _____

Make: _____

Model: _____

Year: _____

License #: _____

Serial #: _____

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