



**4. COLLECTION VEHICLES UTILIZED BY COLLECTION AGENCY WITHIN CHAMPAIGN COUNTY:**

Number of Collection Vehicles: \_\_\_\_\_

Vehicle Description	Equipped With Loading Hopper-Y/N	Note Containment Type	V.I.N.	License Plate No.

**5. LISTING OF ALL TOWNS, VILLAGES OR GENERAL AREAS SERVICED BY WASTE COLLECTOR IN CHAMPAIGN COUNTY:**

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**6. LOCATIONS OF ALL WASTE DISPOSAL SITES UTILIZED BY COLLECTING AGENT, FOR THE DISPOSAL OF WASTES COLLECTED WITHIN CHAMPAIGN COUNTY:**

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**7. CERTIFICATE OF INSURANCE:**

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Each Person/Each Occurrence - Personal Injury: \$ \_\_\_\_\_

Property Damage: \$ \_\_\_\_\_

**PLEASE ATTACH CERTIFICATE OF INSURANCE.**

An applicant with a self-insurance program may satisfy the requirement of this section by submitting to the County Clerk a statement from the administrator of such program that the applicant can satisfy claims in the amounts set forth above.

The applicant understands the Penalties for Violations of this Ordinance to be as follows:

**A violation of any of the provisions of this Ordinance is a Petty Offense punishable by a fine of not more than five hundred dollars (\$500.00) for each offense as provided by law. Each day the violation continues shall constitute a separate offense.**

**Two separate offenses within a twelve (12) month period will result in possible suspension or revocation of the collecting agency's license. Possible suspension or revocation will be at the discretion of the licensing entity, the Champaign County Board, after referral and recommendation from the Champaign County Solid Waste Committee.**

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Return this application to:

**Champaign County Administrator  
Champaign County Brookens Administrative Center  
1776 East Washington Street  
Urbana, IL 61802**

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**FOR OFFICE USE ONLY:**

Sticker Numbers: \_\_\_\_\_

Fee Paid: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

Cashier's Receipt Number: \_\_\_\_\_