



CITY OF DECATUR
 FINANCE DEPARTMENT
 #1 GARY K ANDERSON PLAZA
 DECATUR IL 62523
 LICENSING – (217) 424-2709

FEE: \$600 annually
 Plus \$200 per vehicle
 License Expires December 31

REFUSE REMOVAL LICENSE

License Type: *(Please Circle all that apply)* Residential Commercial

Business Organization: *(Please Circle one)* Corporation LLC Partnership Individual Owner

PLEASE PRINT

Business Name _____

Doing Business As _____ Phone # _____

Business Address _____
Street City State Zip Code

Mailing Address _____
Street City State Zip Code

Applicant's Name _____ Alt Phone # _____

Home Address _____
Street City State Zip Code

Name and Address of every Owner, Partner, or Stockholder owning 5% or more of the Business and Manager/Officer/Directors/Registered Agent of Corporation: *(use additional sheets of paper if necessary)*

Name _____ Title _____
First MI Last

Address _____
Street City State Zip Code

Name _____ Title _____
First MI Last

Address _____
Street City State Zip Code

Name _____ Title _____
First MI Last

Address _____
Street City State Zip Code

I/we do hereby swear (or affirm) that the statements herein and the attachments hereto are true and correct.

 Applicant's Signature

 Date

FOR CITY OF DECATUR OFFICE USE ONLY

APPROVED:

 City Manager or Designee Date

New _____ Renewal _____

Amount Paid \$ _____

Date Paid _____

License Number _____

License Issued _____



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**REFUSE REMOVAL LICENSE
 OWNER'S, OFFICERS, DIRECTORS, STOCKHOLDERS OR PARTNER'S STATEMENT**

Each Owner, Partner, Officer, Director, and Shareholder owning more than 5% must complete this form. Additional copies available upon request.

Date _____

Name of Business _____

Address of Business _____

The undersigned, being first duly sworn on oath deposes and says:

1. That the matters set out in this statement and this letter application are true.
2. That he/she has not been convicted of the violation of any health or sanitary rule, regulation, ordinance, or statute of the State of Illinois, the County of Macon, Illinois, or the City of Decatur; and
3. That he/she understands and agrees to comply with the requirements of Chapter 56 of the City Code and all reasonable rules and regulations promulgated by the City Manager as per Chapter 56, Section 3 of the City Code.

PLEASE PRINT

Name _____ Phone # _____
First MI Last

Address _____
Street City State Zip Code

Date of Birth _____

Signature _____

STATE OF ILLINOIS)
) SS.
 COUNTY OF MACON)

Subscribed and sworn to before me this _____ day of _____, 20_____.

 Signature - Notary Public

 Commission Expires

(Notary Seal)



CITY OF DECATUR ILLINOIS

#1 GARY K. ANDERSON PLAZA

DECATUR, ILLINOIS 62523-1196

REFUSE REMOVAL LICENSE

List of information required

- Completed application
- License fee - \$600 Annual plus \$200 per vehicle
- A Owner's, Officers, Directors, Stockholders or Partner's statement for all listed
- Schedule of fees. Copy of bill required for Residential.
- Description of Service Area
- Customer List
- Certificate of Insurance
- List of vehicles. Photographs & Safety Inspections required for all.
- List of employees. Copy of Driver's License required for all drivers.
- Collection days listing for refuse, recycling, and yard waste.
- Additional Information Sheet if needed