



City of Rockford – Customer Service Center
1st floor, City Hall, 425 E. State Street, Rockford, IL 61104
779-348-7300

LICENSE APPLICATION – WASTE HAULER’S / SCAVENGER LICENSE

THIS APPLICATION MUST BE ACCOMPANIED BY THE LICENSE FEE, CERTIFICATE OF INSURANCE AND VALID ID

Name of Applicant: _____ Date of Application: _____

Applicant Address: _____
Street City/State/Zip

Applicant Phone #: _____ Email Address: _____

Business Name: _____ Tax ID: _____

Business Address: _____
Street City/State/Zip

Type of Business Organization: ___ Individual ___ Partnership ___ D.B.A. ___ Corporation

If Corporation, Registered Agent and Address: _____

License Fee \$66.00 Plus Number of Trucks: _____ X \$3.00 each = _____ Truck License Fee

Certificate of Insurance Attached: ___ YES ___ NO Expiration date: _____

I, the undersigned, thoroughly understand that this is solely an application to operate a business, and is not permission to operate a business until all applicable ordinances of the City of Rockford have been fully complied with, and this application is properly signed by the departments listed below, and an official license is issued by the Finance Director or Designee.

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Date application received: _____ Received By: _____

License fee attached: YES / NO Final Action due: _____ (21 days from receipt)

Zoning: Approved / Disapproved By: _____ Date: _____

Building: Approved / Disapproved: By: _____ Date: _____

Finance: Approved / Disapproved: By: _____ Date: _____