



**City of Rockford – Customer Service Center**  
**1st floor, City Hall, 425 E. State Street, Rockford, IL 61104**  
**779-348-7300 [CustomerService@rockfordil.gov](mailto:CustomerService@rockfordil.gov)**

**LICENSE APPLICATION – WASTE HAULER’S / SCAVENGER LICENSE**

**THIS APPLICATION MUST BE ACCOMPANIED BY THE LICENSE FEE, CERTIFICATE OF INSURANCE AND VALID ID. APPLICANT MUST BE 21 YEARS OF AGE TO APPLY.**

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 = \$67.00 Plus Number of Trucks: \_\_\_\_\_ X \$3.00 each = \_\_\_\_\_ Total 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: \_\_\_\_\_

**Sticker Number (s):** \_\_\_\_\_