



CITY OF URBANA

HAULER BUSINESS LICENSE APPLICATION JULY 1, 2024 - JUNE 30, 2025

OFFICE USE ONLY:

New _____	License # _____	Amount Due \$ _____
Renewal _____		Amount Paid \$ _____
Transfer _____	Business Account # _____	Date Issued _____

FEES: Annual Hauler Business License - \$386.00
Annual Vehicle Registration Sticker - \$195.00, per motorized vehicle

I. APPLICANT INFORMATION

Name of Business #1: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

(If different than business address) City: _____ State: _____ Zip Code: _____

Manager Name: _____ Emergency Telephone: (____) _____

Business Telephone: (____) _____ FAX (____) _____

Email _____

If applicable:

Name of Business #2: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

(If different than business address) City: _____ State: _____ Zip Code: _____

Manager Name: _____ Emergency Telephone: (____) _____

Business Telephone: (____) _____ FAX (____) _____

Email _____

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II. VEHICLE INFORMATION

Provide the following information for each collection vehicle to be operated by the business within the City: (1) *For Type of vehicle, specify: roll-off, packer, semi, trailer, pick-up, etc.,* (2) *For Material Hauled specify: municipal waste (MW), landscape waste (LW), or recyclable materials (RM)*

	Year	Make	Model	Type	License Plate #	VIN #	GVWR	Cap. Cu Yd.	Material Hauled	City Vehicle License #
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										

Additional page, if needed.

	Year	Make	Model	Type	License Plate #	VIN #	GVWR	Cap. Cu Yd.	Material Hauled	City Vehicle License #
16.										
17.										
18.										
19.										
20.										
21.										
22.										
23.										
24.										
25.										
26.										
27.										
28.										
29.										
30.										

III. VEHICLE INSPECTION REPORTS

Attach a copy of the Illinois Department of Transportation - Vehicle Inspection Report, for those vehicles required to be safety tested pursuant to Illinois Statutes, for each collection vehicle to be operated within Urbana.

IV. INSURANCE REQUIREMENTS

Attach a copy of the insurance policy/certificate(s) for general liability, vehicle liability, worker's compensation, and unemployment insurance, in amounts required by Illinois law.

V. VEHICLE REGISTRATION STICKER

List the vehicle number from Section II, **of all motorized vehicles that will be used only for municipal waste/residential recyclables collection**. Each of these vehicles will require an annual vehicle registration sticker issued by the City.

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

VI. CERTIFICATION

I certify that the information contained in and submitted for this license application is correct, to the best of my knowledge:

Owner/Manager Name (please print) _____

Signature _____ Date _____

NOTE: The licensee shall notify the City in writing within fourteen (14) calendar days following a change in any information contained in the licensee's application.

MAIL TO: City of Urbana, Finance Department, 400 South Vine Street, Urbana, IL 61801