



WINNEBAGO COUNTY HEALTH DEPARTMENT

Mail to: P.O. Box 4009
Rockford, IL 61110

Location: 555 N Court St
Rockford, IL 61103

Phone: (815)720-4100

Fax: (815)720-4203

Website: www.wchd.org

E-mail: environmental@wchd.org

2021 WASTE HAULER APPLICATION

\$150 per vehicle due with application (\$50 permit fee, plus \$100 inspection fee)

A late fee of \$100 will be assessed for each application received on or after the first day of the quarter in which it was due.

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone #: _____ Business e-mail: _____

Owner Name: _____

Owner Address: _____

City: _____ State: _____ Zip Code: _____

Owner Phone #: _____ Owner e-mail: _____

Total number of Waste Hauling Vehicles: _____

Where are they stored when not in use? _____

Type(s) of refuse hauled: _____

Name of disposal site(s) used: _____ Approx. how often? _____

Proof of insurance showing that all vehicles are adequately covered is attached? Yes _____ No _____

Vehicle liability insurance and comprehensive general liability insurance with limits each of not less than \$1,000,000 each person, \$3,000,000 each accident bodily injury liability, and \$1,000,000 each accident property damage liability is required.

Best day of week/time of day to set up inspection: _____

Business with one or two vehicles in total will be required to bring the vehicles to the WCHD at 555 N Court Street in Rockford for inspection. Businesses with three or more vehicles may have their inspections conducted at their place of business or other location within Winnebago County.

I, the undersigned, hereby certify that the above information is correct and should any of this information change, I agree to notify the Winnebago County Health Department promptly and in writing. Furthermore, I understand and agree to abide by the requirements of the code of Winnebago County (Chapter 70, Article 1).

Print Name: _____

Signature: _____

DATE: _____

