



## 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](http://www.wchd.org)

E-mail: [environmental@wchd.org](mailto:environmental@wchd.org)

### **2022 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: \_\_\_\_\_

