

**VILLAGE OF DOWNERS GROVE**  
**Report for the Village**  
**12/10/2019**

<b>SUBJECT:</b>	<b>SUBMITTED BY:</b>
2020 Class A Scavenger License	Michael Baker Deputy Village Manager

**SYNOPSIS**

A motion is requested to authorize issuance of a 2020 Class A Scavenger License to Allied Waste Services of North America, LLC.

**STRATEGIC PLAN ALIGNMENT**

The goals for 2019-2021 include *Exceptional Municipal Services*.

**FISCAL IMPACT**

N/A

**RECOMMENDATION**

Approval on the December 10, 2019 consent agenda.

**BACKGROUND**

The Municipal Code requires that the Village Council annually approve a Class A Scavenger License for the Village's designated contractual waste hauler. Allied Waste Services currently holds the Class A License. Allied Waste Services was approved for a 5-year contract extension with the Village at the [July 18, 2017](#) Village Council meeting. The contract extension term is April 1, 2018 through March 31, 2023. All other haulers operating in the Village must obtain a Class B License, which allows the license-holder to provide services other than weekly single-family residential solid waste collection. Renewal of a Class B license requires approval by the Village Manager, following notification to the Village Council. The Village Council will be provided with a list of Class B License applicants in the Manager's Report prior to issuance of the licenses.

**ATTACHMENTS**

Class A License Application

VILLAGE OF DOWNERS GROVE  
COUNCIL ACTION SUMMARY

INITIATED: Village Attorney DATE: December 10, 2019  
(Name)

RECOMMENDATION FROM: N/A FILE REF: \_\_\_\_\_  
(Board or Department)

**NATURE OF ACTION:**

**STEPS NEEDED TO IMPLEMENT ACTION:**

Ordinance

Motion to approve and Authorize Issuance of a 2020 Class "A" Scavenger License for Allied Waste Services of North America, LLC.

Resolution

Motion



Other

**SUMMARY OF ITEM:**

Application has been made by Allied Waste Services of North America, LLC for a Class "A" Scavenger License. Finding that Allied complies with the applicable requirements of the Municipal Code, adoption of this motion will approve and authorize issuance of a Class "A" Scavenger License to Allied Waste Services of North America, LLC for 2020. This license allows Allied to serve all premises within the Village. Allied is currently under contract with the Village to provide single-family scavenger, recycling and yard waste services through March, 2023.

**RECORD OF ACTION TAKEN:**

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11/20/19 to Chrissy  
12/4/19 mailed

ACTH

VILLAGE OF DOWNERS GROVE, ILLINOIS  
Class A Scavenger License Application, 2020

Please print or type

1. FORM OF BUSINESS (Check one):

Corporation     Individual Owner     Partnership

2. OWNER OF BUSINESS: REPUBLIC SERVICES

Address 18500 ALLIED WAY  
Address PHOENIX <sup>(street)</sup> AZ 85054  
(city) (state) (zip)

Phone No. 480 627 2700

If Corporation, name of registered agent (on file with the Secretary of State's office in the state of incorporation):

Address \_\_\_\_\_  
(street)  
Address \_\_\_\_\_  
(city) (state) (zip)

Phone No. \_\_\_\_\_

3. DOING BUSINESS AS: REPUBLIC SERVICES

Address 5050 W LAKE ST MELROSE PARK IL 60160  
(street) (city) (state) (zip)

Phone No. 708 345 7050 Number of staff in the office 35

Hours of Business 6:00AM - 5:00PM Effective date of establishment \_\_\_\_\_

24-hour emergency phone number \_\_\_\_\_

4. MANAGER OF BUSINESS: JOELYN KRUIS  
(first) (middle) (last)

Address 5050 W LAKE ST MELROSE PARK IL 60160  
(street) (city) (state) (zip)

5. CERTIFICATE OF INSURANCE REQUIRED

Each Person    Each Occurrence

Personal Injury - \$500,000    \$1,000,000

Insurance Co. SEE ATTACHED Property Damage - \$100,000

Policy No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Attach Certificate of Insurance**

An applicant with a self-insurance program may satisfy the requirement of this section by submitting to the Village Clerk a statement from the administrator of such program that the applicant can satisfy claims in the amounts set forth above.

6. **EQUIPMENT:** Complete required form titled, "List of Applicant's Equipment."

✓ 7. **DISPOSAL:** State the method of collection and places of disposal of refuse collected in the Village:

FRONT LOAD, SIDELoad, REAR LOAD, ROLL OFF  
NORTHLAKE TRANSFER STATION (REPUBLIC SERVICES)

✓ State the method of collection and places of disposal of landscape waste collected in the Village:

FRONT LOAD, REAR LOAD  
NORTHLAKE TRANSFER STATION (REPUBLIC SERVICES)

✓ State the method of collection and places of deposit of recyclables collected in the Village:

FRONT LOAD, SIDELoad, REAR LOAD  
RESOURCE MANAGEMENT, NORTHLAKE TRANSFER STATION (REPUBLIC)

8. **FINANCIAL STATEMENTS:** Attach financial statements prepared by a Certified Public Accountant or copies of Federal income tax returns for the two-year period prior to this application (2014 and 2015).

9. **REFERENCES:** Attach evidence of satisfactory service in the scavenger and recycling business through letters of reference from administrators of other municipalities or from significant private customers served by the applicant in the three years prior to this application.

10. **VERIFICATION OF ABILITY TO SERVE MULTI-FAMILY STRUCTURES:**

(see attached checklist for exemptions from submitting this item)

- Number of multi-family structures currently, or proposed to be, provided with recycling collection, and the number of units in each of those structures.
- Total amount of recycling capacity required to serve each of those structures, based upon the following formula:
- 9.0 gallons (number of units) = base weekly recycling capacity.
- Types and sizes of recycling containers provided by the applicant.
- Number of pickups per week necessary to meet the base weekly recycling capacity at each structure.
- List of proposed processors or purchasers of the recyclables collected.

11. License Fee - \$3,912

NAME OF PERSON SUBMITTING THIS APPLICATION:

MATT NORMAN  
 (first) (middle) (last)  
 Address 5050 W LAKE ST MEUROSE PARK IL 60160  
 (street) (city) (state) (zip)  
 Phone No. 708-498-5229 Date of Birth 5/28/1963  
 Drivers License No. N655 5426 3152  
 Relationship to Business Operations Manager

The applicant certifies that neither applicant nor any owner; any officer, director or 5% shareholder (if owner is a corporation); or any partner (if owner is a partnership) have been convicted of a felony based upon his/her conduct or involvement in the business or similar activity applied for within the past ten years; or any felony involving the use of a deadly weapon, traffic in narcotic drugs, or violence against another person within the past five years; or of a misdemeanor or licensing violation, based upon his/her conduct or involvement in such business or activity or related or similar business or activity, within the past two years.

The applicant is aware of and agrees to the provisions of Downers Grove Village Code Sec. 8-67.1 which require the firm to make available recycling service to owners of multi-family structures served by the firm, currently or during the term of this license.

13. SIGNATURE OF PERSON SUBMITTING THIS APPLICATION

M. Norman Date 11/20/19

Return this application to:  
 Megan Miles  
 VILLAGE OF DOWNERS GROVE  
 801 Burlington Avenue  
 Downers Grove, IL 60515

NOTE: The information requested in this application is required by Village ordinance. Failure to respond to all questions will delay or negate the licensing process.

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FOR OFFICE USE ONLY:

License issued (date) \_\_\_\_\_ License No. \_\_\_\_\_  
 Cashier's Receipt No. \_\_\_\_\_ Date Paid \_\_\_\_\_  
 \$3,912 Fee Paid \_\_\_\_\_

**Checklist for submittal of Scavenger License Application, 2019:**

- Pages 1-3 of application form completely filled out and signed by applicant.
- Attach certificate of insurance
- Attach form titled "List of Applicant's Equipment"
- \$3,912 check for license fee.



AGENCY CUSTOMER ID: \_\_\_\_\_  
 LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

<b>AGENCY</b>	<b>NAMED INSURED</b>	REPUBLIC SERVICES, INC.
<b>POLICY NUMBER</b> See First Page		18500 N. ALLIED WAY
<b>CARRIER</b> See First Page	<b>NAIC CODE</b>	PHOENIX, AZ 85054
		<b>EFFECTIVE DATE:</b>

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

The following provisions apply when required by written contract. As used below, the term certificate holder also includes any person or organization that the insured has become obligated to include as a result of an executed contract or agreement.

**GENERAL LIABILITY:**

Certificate holder is Additional Insured including on-going and completed operations when required by written contract.  
 Coverage is primary and non-contributory when required by written contract.  
 Waiver of Subrogation in favor of the certificate holder is included when required by written contract.

**AUTO LIABILITY:**

Certificate holder is Additional Insured when required by written contract.  
 Coverage is primary and non-contributory when required by written contract.  
 Waiver of Subrogation in favor of the certificate holder is included when required by written contract.

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY:**

Waiver of Subrogation in favor of the certificate holder is included when required by written contract where allowed by state law.

Stop gap coverage for ND, WA and WY is covered under policy no. WLR C66040380 and stop gap coverage for OH is covered under policy no. WCU C6604046A, as noted on page 1 of this certificate.

**TEXAS EXCESS INDEMNITY AND EMPLOYERS LIABILITY:**

Insured is a registered non-subscriber to the Texas Workers Compensation Act. Insured has filed an approved Indemnity Plan with the Texas Department of Insurance which offers an alternative in benefits to employees rather than the traditional Workers Compensation Insurance in Texas. The excess policy (#TNS C65221159) shown on this certificate provides excess Indemnity and Employers Liability coverage for the approved Indemnity Plan.

Contractual Liability is included in the General Liability and Automobile Liability coverage forms. The General Liability and Automobile Liability policies do not contain endorsements excluding Contractual Liability.

Separation of Insured (Cross Liability) coverage is provided to the Additional Insured, when required by written contract, per the Conditions of the Commercial General Liability Coverage form and the Automobile Liability Coverage form.

