

COUNCIL WORKSHOP ITEM

ITEM: Scavenger License Renewal
DATE: December 3, 2002
PREPARED BY: Michael Baker, Assistant to the Village Manager
Coey Kuhl, Admin Tech II
PURPOSE: Authorize License Renewal

DISCUSSION:

Scavenger licenses are to be renewed annually according to the Municipal Code. The “Class A” license renewal, of which only one such license is issued, requires approval by Council. The current holder of the “Class A” license is BFI, which is currently under contract with the Village until March 31, 2003 to provide residential refuse and yard waste disposal services. The Village is currently in negotiations with BFI for a two-year contract extension, as provided for by the existing contract. As required, BFI has submitted the completed application form, along with the \$300 fee.

“Class B” scavengers have the same application requirements as the “Class A” licensee, except the “Class B” licenses are approved administratively by the Village Manager, following notification to the Village Council. “Class B” scavengers submitting renewal applications for the coming year include:

1. Hillside Disposal Service, Hillside
2. Waste Management Metro, Cicero
3. K. Hoving Inc., West Chicago
4. Disposal Management Systems, Schaumburg
5. Onyx Waste, Northlake
6. Crown Disposal, McCook

All of the “Class B” scavengers have submitted application documents and, unless there are specific objections to any of the licensees, their applications will be processed and, if acceptable, approved by the Village Manager.

ATTACHMENT:

BFI Scavenger License Application

RECOMMENDATION:

Staff recommends that this item, to authorize renewal of the “Class A” scavenger license for BFI Disposal Services for the calendar year 2003, be placed on the active agenda for the Council Meeting of December 10, 2002.

VILLAGE OF DOWNERS GROVE, ILLINOIS

Scavenger License Application, 2003

Please print or type

1. FORM OF BUSINESS (Check one):

X Corporation Individual Owner Partnership

2. OWNER OF BUSINESS: BFI

Address 5050 W LAKE ST. MELROSE PARK IL 60160

Phone No. 7083457050

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

ALLIED WASTE INDUSTRIES

Address 15880 Greenway-Nedden Loop Suite 100

Phone No. 6026272700 Scottsdale AZ 85260

3. DOING BUSINESS AS: BFI/DIST 551 Melrose Park

Address Same as above

Phone No. Number of staff in the office

Hours of Business 7am-5pm Effective date of establishment 1968

24-hour emergency phone number

4. MANAGER OF BUSINESS: STEVE Vogrin

Address 5050 W Lake St Melrose Park IL 60160

5. CERTIFICATE OF INSURANCE REQUIRED

Table with columns: Each Person, Each Occurrence. Rows: Personal Injury - \$500,000, \$1,000,000; Property Damage - \$100,000. Insurance Co. Wheeling of Oregon; Policy No. on file; 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:

*Curb side / Commercial Contractors
Congress Development Nelside*

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

*Curb side / Commercial Landscapers
Plainfield, IL*

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

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 (2000 and 2001).

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 - \$300

NAME OF PERSON SUBMITTING THIS APPLICATION:

STEVE Vogrin
(first) (middle) (last)

Address 5050 W Lake St Bluewood Park
(street) (city) (state) (zip)

Phone No. 7083457050 Date of Birth 6/25/68

Drivers License No. V26578768180 Social Security # _____

Relationship to Business General 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

Steve Vogrin Date 11/4/02

Return this application to:
Coey Kuhl
VILLAGE OF DOWNERS GROVE
801 Burlington
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.

=====

FOR OFFICE USE ONLY:

License issued (date) _____ License No. _____
Cashier's Receipt No. _____ Date Paid _____
\$300 Fee Paid _____

ACORD™ CERTIFICATE OF LIABILITY INSURANCE Page 1 of 3		DATE 11/05/2002
PRODUCER 877-559-6769 Willis North America, Inc. - Regional Cert Center 11201 N. Tatum Boulevard Suite 300 Phoenix, AZ 85028	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURERS AFFORDING COVERAGE		
INSURED Allied Waste Industries, Inc. (Named Insd. Cont. Below) 15880 N. Greenway-Hayden Loop, Suite 100 Scottsdale, AZ 85260	INSURERA: American Home Assurance Company 19380-004 INSUREHB: Illinois National Ins. Co. 23817-002 INSURERC: National Union Fire Ins. Co. of Pittsburg 19445-001 INSURERD: Ins. Co. of the State of PA 19429-004 INSUREHE:	

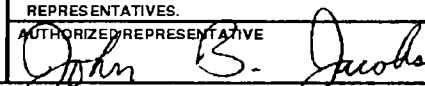
COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	GL6125028	1/1/2002	1/1/2003	EACH OCCURRENCE \$ 2,500,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$
					PERSONAL & ADV INJURY \$ 2,500,000
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 10,000,000
					PRODUCTS - COMP/OP AGG \$ 5,000,000
A	AUTOMOBILE LIABILITY	CA5348976	1/1/2002	1/1/2003	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000
A	<input checked="" type="checkbox"/> ANY AUTO	CA5348977	1/1/2002	1/1/2003	
B	<input type="checkbox"/> ALL OWNED AUTOS	CA5349054	1/1/2002	1/1/2003	BODILY INJURY (Per person) \$
	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
C	EXCESS LIABILITY	BE1392800	1/1/2002	1/1/2003	EACH OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 5,000,000
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC5277856	1/1/2002	1/1/2003	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
B	THE PROPRIETOR/	WC5277858	1/1/2002	1/1/2003	E.L. EACH ACCIDENT \$ 1,000,000
A	PARTNERS/EXECUTIVE	WC5274778	1/1/2002	1/1/2003	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
D	ARE: INCLUDED	WC5277860	1/1/2002	1/1/2003	E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

See Attached

CERTIFICATE HOLDER Village of Downers Grove 801 Burlington Downers Grove, IL 60515	ADDITIONAL INSURED; INSURER LETTER: CANCELLATION Non-Payment Statutory SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
--	--

Willis**CERTIFICATE OF LIABILITY INSURANCE** Page 2 of 3DATE
11/05/2002

PRODUCER 877-559-6769 Willis North America, Inc. - Regional Cert Center 11201 N. Tatum Boulevard Suite 300 Phoenix, AZ 85028		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
		INSURERS AFFORDING COVERAGE	
INSURED Allied Waste Industries, Inc. (Named Insd. Cont. Below) 15880 N. Greenway-Hayden Loop, Suite 100 Scottsdale, AZ 85260		INSURER A: American Home Assurance Company	19380-004
		INSURER B: Illinois National Ins. Co.	23817-002
		INSURER C: National Union Fire Ins. Co. of Pittsburg	19445-001
		INSURER D: Ins. Co. of the State of PA	19429-004
		INSURER E:	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

NAMED INSURED INCLUDES - BFI WASTE SYSTEMS OF NORTH AMERICA, INC.

Workers Compensation - Additional Policy:

Insurance Company	Policy #	Eff./Exp. Dates
American Home Assurance	WC5277859	01/01/02 - 01/01/03

Employers Liability (Stop Gap) coverage for Monopolistic States is included:

\$1,000,000 Each Accident
 \$1,000,000 Disease - Policy Limit
 \$1,000,000 Disease - Limit Each Employee

RE: All operations of the Named Insured

Certificate holder is an additional insured, except for Workers' Compensation, if required by written contract.

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.