

**VILLAGE OF DOWNERS GROVE**  
**REPORT FOR THE VILLAGE COUNCIL MEETING**  
**DECEMBER 6, 2011 AGENDA**

SUBJECT:	TYPE:	SUBMITTED BY:
Class A Scavenger License	Resolution Ordinance ✓ Motion Discussion Only	Michael Baker, Deputy Village Manager

**SYNOPSIS**

A motion is requested to authorize issuance of a 2012 Class A Scavenger License to Allied Waste Services of North America, LLC.

**STRATEGIC PLAN ALIGNMENT**

The 2011-2018 goals include *Exceptional Municipal Services*.

**FISCAL IMPACT**

N/A

**RECOMMENDATION**

Approval on the December 6, 2011 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 and is under contract with the Village through March 30, 2016. 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, ILLINOIS

Class A Scavenger License Application, 2012

Please print or type

check to be sent from Corporate 11/11/11

1. FORM OF BUSINESS (Check one):

X Corporation Individual Owner Partnership

2. OWNER OF BUSINESS: Republic Services

Address 5050 W Lake St (street)

Address Melrose Park IL 60160 (city) (state) (zip)

Phone No. 708345-7050

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

CT CORPORATION

Address 208 S La Salle St Suite 814 (street)

Address Chgo IL 60604 (city) (state) (zip)

Phone No.

3. DOING BUSINESS AS: Republic Services Allied Waste and Air Disposal

Address 5050 W Lake St Melrose Park IL 60160 (street) (city) (state) (zip)

Phone No. 7083457050 Number of staff in the office 35

Hours of Business 8-5 Effective date of establishment 1968

24-hour emergency phone number

4. MANAGER OF BUSINESS: STEVE Vogrin (first) (middle) (last)

Address Same AS ABOVE (street) (city) (state) (zip)

5. CERTIFICATE OF INSURANCE REQUIRED

Each Person Each Occurrence

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

Insurance Co. BB+T 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:

Curb-side Commercial Containers  
Congress Development Hillside

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

Curb-side Commercial Containers  
Land and Lakes Plainfield

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 (2008 and 2009).

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 - \$3,000

**NAME OF PERSON SUBMITTING THIS APPLICATION:**

STUE Vogrin  
(first) (middle) (last)

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

Phone No. 7083457050 Date of Birth \_\_\_\_\_

Drivers License No. V26578768180

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**

[Signature] Date 11/7/11

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

3000.00  
FEE

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 \_\_\_\_\_

\$3,000 Fee Paid \_\_\_\_\_



AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



# ADDITIONAL REMARKS SCHEDULE

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

**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 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.  
 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.

**TEXAS EXCESS INDEMNITY AND EMPLOYERS LIABILITY:**  
 Republic Services, Inc. and its subsidiaries are registered non-subscribers to the Texas Workers Compensation Act. Republic Services, Inc. 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 (#MWXS 946) shown on this certificate provides excess Indemnity and Employers Liability coverage for the approved Indemnity Plan.