



Village of Clarendon Hills - Scavenger License Application

(Reference: Chapter 32, Article 1 of the Village Municipal Code)

CALENDAR YEAR 2026

License ID _____ (completed by VOCH CD Department)

Number _____ **Date Assigned** ____/____/____

Business Information

Name _____

Address _____

City/State/Zip _____

Phone _____

Fax _____

E-Mail _____

Website _____

State Retail Occupation Tax No _____

Business Profile

Service Locations (Addresses/Phone Numbers)

1) _____

2) _____

3) _____

4) _____

Number of Vehicles in Village: _____

Business Owner Owner(s) Information

Name _____

Address _____

City/State/Zip _____

Phone _____

Fax _____

E-Mail _____

Description of all Services Rendered in Village

If Corporation:

State of Incorporation _____

Date of Incorporation _____

Certificate No. _____

Liability Insurance Coverage:

Name of Agent _____

Name of Insurance Co. _____

Policy No. _____

Policy Period _____

Fee:

Minimum Scavenger License Fee..... \$ 615.00

Plus Number of Vehicles Used In Village (@ \$50.00 per Vehicle)..... \$ _____.00

TOTAL \$ _____.00

NOTE: LIST OF VEHICLES/MAKE/MODEL/YEAR/LICENSE PLATE NUMBER REQUIRE WITH APPLICATION



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The Village of Clarendon Hills reserves the right to require the submission of additional information it determines necessary to judge the service history and financial responsibility of the applicant, as well as the safety of the vehicles used in the scavenger operation, and to require bonds and insurance in the amounts it determines to be necessary.

(I)(We) hereby certify that all of the information contained in this application for a Scavenger License is true and correct, further that any false information provided for in this application shall be grounds for revocation of the Licenses as well as any other penalties provided for by law. NOTE-THIS IS AN APPLICATION FOR A SCAVENGER LICENSE AND IT IS UNDERSTOOD THAT COLLECTIONS CANNOT BE CONDUCTED UNTIL A LICENSE IS ISSUED BY THE VILLAGE OF CLARENDON HILLS. ILLINOIS.

Applicant's Signature _____

Date _____

Title: _____

RETURN COMPLETED APPLICATION WITH PROPER FEES TO:

ATTN: Community Dev. Dept.
Village of Clarendon Hills
One North Prospect Avenue
Clarendon Hills, Illinois 60514

PLEASE NOTE: Per Chapter 32 of the Clarendon Hills Municipal Code, commercial service is only allowed between the hours of 6:00 AM and 6:00 PM.

VILLAGE USE ONLY:

Reviewed by:

Community Development Director

Date

Comments:

☐ **APPROVED**

☐ **DENIED**

Reason for Denial: _____

