

740 Hillgrove
Western Springs, IL 60558

VILLAGE OF WESTERN SPRINGS
Scavenger License Application
www.wsprings.com

(708) 246-1800, X127
Fax (708) 246-0284

I/WE _____ d/b/a _____
(name of company owner) (name of company)

at _____
(company mailing address) (company e-mail address)

hereby request that a license to engage in the business of _____
for the period beginning _____ and expiring December 31, _____ be issued.

*Licenses are valid from the date of application until December 31 of the same year.
Annual License Fee is \$125.*

It is also understood that a Certificate of Insurance is required per the Municipal Code.

Insurance	
Policy #	_____
Type	_____
Company	_____
Exp. Date	_____

Applicant Signature

Business Phone

Fax Number

Cell Phone Number

FID #

Received by

Date