

VILLAGE OF DOWNERS GROVE
REPORT FOR THE VILLAGE COUNCIL MEETING
NOVEMBER 20, 2012 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 2013 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 November 20, 2012 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, 2013

Please print or type

1. FORM OF BUSINESS (Check one):

Corporation Individual Owner Partnership

2. OWNER OF BUSINESS: REPUBLIC SERVICES

Address 5050 WEST LAKE STREET
(street)
Address MELROSE PARK IL 60160
(city) (state) (zip)
PhoneNo. 708-345-7050

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

CT CORPORATION
Address 208 SOUTH LA SALLE ST SUITE 814
(street)
Address CHICAGO IL 60604
(city) (state) (zip)
PhoneNo. _____

3. DOING BUSINESS AS: REPUBLIC SERVICES/ALLIED WASTE SERVICES

Address 5050 W LAKE STREET MELROSE PARK I IL 60160
(street) (city) (state) (zip)
Phone No. 708-345-7050 Number of staff in the office 30
Hours of Business 7-5 Effective date of establishment 1968
24-hour emergency phone number 708-345-7050

4. MANAGER OF BUSINESS: RICHARD VANDER MOLEN
(first) (middle) (last)

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

5. CERTIFICATE OF INSURANCE REQUIRED

	<u>Each Person</u>	<u>Each Occurrence</u>
Personal Injury -	\$500,000	\$1,000,000
Insurance Co. <u>B B & T</u>	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:

DESIGNATED COLLECTION VEHICLES ROLL OFF CONTAINERS

LIVINGSTON LANDFILL PONTIAC, IL LEE COUNTY LANDFILL DIXON, IL

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

SEPARATE COLLECTION VEHICLES

GARDEN PRARIE ORGANICS GARDEN PRARIE, IL

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

SINGLE-SORT SEPARATE COLLECTION VEHICLES AND ROLL OFF CONTAINERS

RESOURCE MANAGEMENT CHICAGO RIDGE, IL

REPUBLIC SERVICES ELK GROVE, IL

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 (2010 and 2011).

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 - \$3,090

NAME OF PERSON SUBMITTING THIS APPLICATION:

Richard VanderMolen
 (first) (middle) (last)

5050 W Lake Street MELROSE PARK IL 60160
 (street) (city) (state) (zip)

Date of Birth MARCH 17, 1953

Drivers License No. V536-7525-3079

Relationship to Business Municipal Services 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.

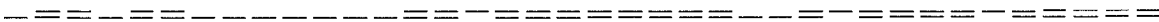
The applicant is aware of and agrees to the provisions of Downers Grove Village Code Sec. 8-67.1 which require the firm to make available recycling service to owners of multi-family structures served by the firm, currently or during the term of this license.

13. SIGNATURE OF PERSON SUBMITTING THIS APPLICATION

Richard VanderMolen Date 10/29/12

Return this application to:
 Allison Deitch
 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.



FOR OFFICE USE ONLY:

License issued (date) _____ License No. _____

Cashier's Receipt No. _____ Date Paid _____

\$3,090 Fee Paid _____



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2

DATE (MM/DD/YYYY)
05/24/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. 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).


PRODUCER CANNON COCHRAN MANAGEMENT SERVICES, INC. 17015 N. SCOTTSDALE RD. SCOTTSDALE, AZ 85255	CONTACT NAME: PHONE (A/C No.Ext): _____ FAX (A/C No.Ext): _____ E-MAIL ADDRESS: certificateteam@ccmsi.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED REPUBLIC SERVICES, INC. 18500 N. ALLIED WAY PHOENIX, AZ 85054	INSURER A: OLD REPUBLIC INSURANCE COMPANY	NAIC # 24147
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER: 269206** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR _____ _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			MWZY 59665	06/30/2012	06/30/2013	EACH OCCURRENCE	\$ 5,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 5,000,000
							MED EXP (Any one person)	
							PERSONAL & ADV INJURY	\$ 5,000,000
							GENERAL AGGREGATE	\$ 5,000,000
							PRODUCTS -COMP/OP AGG	\$ 5,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____			MWTB 21556	06/30/2012	06/30/2013	COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000,000
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	
							AGGREGATE	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	MWC 117827 00 AOS MWXS 981 Excess WC OH MWXS 980 Excess NSWC TX	06/30/2012 06/30/2012 06/30/2012	06/30/2013 06/30/2013 06/30/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
A							E.L. EACH ACCIDENT	\$ 3,000,000
A							E.L. DISEASE -EA EMPLOYEE	\$ 3,000,000
							E.L. DISEASE -POLICY LIMIT	\$ 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Division Number: 4551 - Named Insured Includes: Allied Waste Services of North America, LLC - Dba: Allied Waste Services of Melrose Park - Republic Services of Melrose Park

CERTIFICATE HOLDER Village Of Downers Grove 801 Burlington Ave Downers Grove, IL 60515 United States	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

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 980) shown on this certificate provides excess Indemnity and Employers Liability coverage for the approved Indemnity Plan.

Contractual Liability is included in the General Liability coverage form. The General Liability policy does not contain an endorsement excluding Contractual Liability.