

VILLAGE OF DOWNERS GROVE
Report for the Village Council Meeting
12/12/2017

SUBJECT:	SUBMITTED BY:
2018 Class A Scavenger License	Michael Baker Deputy Village Manager

SYNOPSIS

A motion is requested to authorize issuance of a 2018 Class A Scavenger License to Allied Waste Services of North America, LLC.

STRATEGIC PLAN ALIGNMENT

The goals for 2017-2019 include *Exceptional Municipal Services*.

FISCAL IMPACT

N/A

RECOMMENDATION

Approval on the December 12, 2017 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. The current contract expires on March 31, 2018. Allied Waste Services was approved for a 5-year contract extension with the Village at the [July 18, 2017](#) Village Council meeting. The contract extension term is April 1, 2018 through March 31, 2023. 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
COUNCIL ACTION SUMMARY

INITIATED: Village Attorney **DATE:** December 12, 2017
(Name)

RECOMMENDATION FROM: N/A **FILE REF:** _____
(Board or Department)

NATURE OF ACTION:

☐ Ordinance

☐ Resolution

☒ Motion

☐ Other

STEPS NEEDED TO IMPLEMENT ACTION:

Motion to approve and Authorize Issuance of a 2018 Class "A" Scavenger License for Allied Waste Services of North America, LLC.



SUMMARY OF ITEM:

Application has been made by Allied Waste Services of North America, LLC for a Class "A" Scavenger License. Finding that Allied complies with the applicable requirements of the Municipal Code, adoption of this motion will approve and authorize issuance of a Class "A" Scavenger License to Allied Waste Services of North America, LLC for 2018. This license allows Allied to serve all premises within the Village. Allied is currently under contract with the Village to provide single-family scavenger, recycling and yard waste services through March, 2023.

RECORD OF ACTION TAKEN:

Class A Scavenger License Application, 2018

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:

CURBSIDE COMMERCIAL CONTAINERS
NORTHLAKE TRANSFER STATION NORTHLAKE IL

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

CURBSIDE COMMERCIAL CONTAINERS
NORTHLAKE TRANSFER STATION NORTHLAKE IL

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

CURBSIDE COMMERCIAL CONTAINERS
ADVANCED TRANSFER STATION, MELROSE PARK

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 (2014 and 2015).

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 - \$3,686

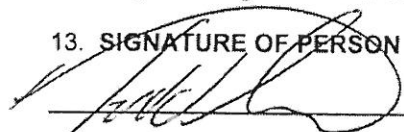
NAME OF PERSON SUBMITTING THIS APPLICATION:

TODD SAWYER
 (first) (middle) (last)
 Address 5050 W LAKE ST MELROSE PARK IL 60160
 (street) (city) (state) (zip)
 Phone No. 847 378 2352 Date of Birth _____
 Drivers License No. _____
 Relationship to Business SALES 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

 Date 11/14/17

Return this application to:
 Megan Miles
 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.

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FOR OFFICE USE ONLY:

License issued (date) _____ License No. _____
 Cashier's Receipt No. _____ Date Paid _____
 \$3,686 Fee Paid _____

Unit	Mfg Year	Spec - Body Type	License Plate
2304	2016	Resi w/QD Can - FEL	4252R
2306	2017	Resi Curotto Can- FEL	460T271
2307	2017	Resi Curotto Can- FEL	460T272
2308	2017	Resi Curotto Can- FEL	543T055
2333	2011	Resi w/QD Can - FEL	42574R
2334	2011	Resi w/QD Can - FEL	36545R
2348	2015	Resi Curotto Can- FEL	37915R
2349	2016	Resi Curotto Can- FEL	42637R
4037	2007	Drop Frame	28368R

LIST OF APPLICANT'S EQUIPMENT

[illegible]



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2

DATE (MM/DD/YYYY)
06/17/2017

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: certificate@ccmsi.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: ACE American Insurance Co. NAIC # 22667	
		INSURER B: Indemnity Insurance Company of NA 43575	
		INSURER C: ACE Fire Underwriters 20702	
		INSURER D: Illinois Union Insurance Company 27960	
		INSURER E: _____	
		INSURER F: _____	

COVERAGES

CERTIFICATE NUMBER: 1231381

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			HDO G27867789	06/30/2017	06/30/2018	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"/> _____			ISA H0906073A	06/30/2017	06/30/2018	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 _____
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WLR C64412917 - AOS WLR C64412905 - CAMA/OR SCF C64412929 - VI WCU C64412899 - OH XS TNS C49166436 - TX NSXS	06/30/2017 06/30/2017 06/30/2017 06/30/2017 06/30/2017	08/30/2018 06/30/2018 06/30/2018 06/30/2018 06/30/2018	<input checked="" type="checkbox"/> WC STATUS LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 3,000,000 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

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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.

Stop gap coverage for ND, WA and WY is covered under policy no. WLR C64412917 and stop gap coverage for OH is covered under policy no. WCU C64412899, as noted on page 1 of this certificate.

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 (#TNS C49166436) shown on this certificate provides excess Indemnity and Employers Liability coverage for the approved Indemnity Plan.

Contractual Liability is included in the General Liability and Automobile Liability coverage forms. The General Liability and Automobile Liability policies do not contain endorsements excluding Contractual Liability.

Separation of Insured (Cross Liability) coverage is provided to the Additional Insured, when required by written contract, per the Conditions of the Commercial General Liability Coverage form and the Automobile Liability Coverage form.