VILLAGE OF DOWNERS GROVE
Report for the Village Council Meeting
12/16/2025

SUBJECT:	SUBMITTED BY:
2026 Class A Scavenger License	Mike Baker Deputy Village Manager

SYNOPSIS

A motion is requested authorizing issuance of a 2026 Class A-Scavenger License to Allied Waste Services of North America, LLC.

STRATEGIC PLAN ALIGNMENT

The goals for 2025-2027 include *Exceptional Municipal Services*.

FISCAL IMPACT

N/A

RECOMMENDATION

Staff recommends approval on the December 16, 2025 Consent Agenda.

BACKGROUND

The Municipal Code requires that the Village Council annually approve a Class-A Scavenger License for the Village's contractual residential solid waste hauler. Allied Waste Services (doing business as Republic Services) currently holds a Class A License. Allied Waste was approved for a 6-year contract with the Village at the November 4, 2025 Council meeting. The contract term is April 1, 2026 through March 31, 2032.

All other haulers operating in the Village must obtain a Class-B License, which allows the license-holder to provide services other than weekly residential solid waste collection to all single family and qualifying multifamily properties. Renewal of a Class-B license requires approval by the Village Manager, following notification to the Village Council.

ATTACHMENTS

Class-A Scavenger License Application

VILLAGE OF DOWNERS GROVE

COUNCIL ACTION SUMMARY

INITIATED: Village Attorney (Name) **DATE:** December 16, 2025

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

NATURE OF ACTION:

____ Ordinance

____ Resolution

__X__ Motion

____ Other

STEPS NEEDED TO IMPLEMENT ACTION:

Motion to approve and Authorize Issuance of a 2026 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 2026. 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, 2032.

RECORD OF ACTION TAKEN:

_____

_____

_____

l\mw\cas.25\Scavenger-A

Village of Downers Grove

SCAVENGER LICENSE APPLICATION

Date: 11/20/2025

Application is hereby made to the Village of Downers Grove for issuance of a Scavenger Type _X_A ___B license, pursuant to the ordinances of the Village and laws of the State of Illinois.

1. GENERAL INFORMATION

1.1. Applicant

Name: Allied Waste Services of North America LLC, dba Republic Services of Melrose Park

Address: 5050 W Lake St Melrose Park, IL 60160

Phone: 708-498-5294

1.2. Status

◯ Individual(s) or Sole Proprietorship

◉ Corporation

◯ Limited Liability Company

◯ Partnership

◯ Other (explain) _____

1.3. Manager

Name: Eric Paihr

Address: 5050 W Lake St Melrose Park, IL 60160

Phone: 224-323-1764

Date of Birth: Not Applicable

Place of Birth: Not Applicable

Social Security Number (Last Four): Not Applicable

Citizenship: Not Applicable

If naturalized, date/place of naturalization: Not Applicable

Driver's License Number and State: Not Applicable

2. PREMISES

2.1. Doing Business As: Republic Services of Melrose Park

Address: 5050 W Lake St

Phone: 708-498-5229

Number of Staff in Office: 75+

Hours of Business: 4am-6pm

Effective Date of Establishment: 25+ years

24-hour Emergency Phone Number: 708-498-5229

3. CORPORATION/LIMITED LIABILITY COMPANY

This section must be completed by authorized agent of any corporate or limited liability company Applicant. If Applicant is a partnership, skip section 3 and go to section 4. If Applicant is neither a corporation, limited liability company nor a partnership, skip sections 3 and 4 and go to section 5.

3.1. Applicant was incorporated or organized under the laws of the State of Delaware on the 3 day of November , A.D., 2004 .

3.2. If Applicant was not incorporated or organized under the laws of the State of Illinois, is Applicant a foreign corporation or limited liability company authorized to transact business in the State of Illinois?

◯ Yes ◯ No

3.3. Registered Agent:

Name: Not Applicable

Address: Not Applicable

Phone: Not Applicable

3.4. Corporate Applicants and limited liability company Applicants must complete and attach Officers and Directors, and Ownership Interests forms.

4. PARTNERSHIP

This section must be completed by authorized agent of any partnership Applicant. If Applicant is not a partnership, skip to Section 5.

4.1. Applicant was formed under the laws of the State of _____ on the _____ day of _____, A.D., _____.

4.2. Is Applicant a limited partnership pursuant to the Illinois Revised Uniform Limited Partnership? ◯ Yes ◯ No

4.3. If Applicant was not formed under the laws of the State of Illinois, is Applicant a foreign partnership qualified under the Illinois Uniform Partnership Act or the Illinois Uniform Limited Partnership Act, as now or hereafter amended, to transact business in the State of Illinois?

◯ Yes ◯ No

4.4. Registered Agent: ☑ Not Applicable

Name: _____

Address: _____

Phone: _____

4.5. General Partner: ☑ Not Applicable

Note: if there is more than one general partner, include that general partner who is to be primarily responsible for operation of the licensed premises.

Name: _____

Address: _____

Phone: _____

4.6. Managing Partner: ☑ Not Applicable

Note: if there is more than one managing partner, include that managing partner who is to be primarily responsible for operation of the licensed premises.

Name: _____

Address: _____

Phone: _____

4.7. Partnership Applicants must complete and attach Partnership form.

5. SOLE PROPRIETORSHIP

Name: Not Applicable

Skip to Section 6.

6. QUALIFICATIONS

6.1. Has any license issued to the applicant, the manager or any person or entity listed on Officers and Directors, Ownership Interests, or Partnership forms ever been fined, revoked or suspended?

◉ No

○ Yes, please identify the following:

a. Jurisdiction revoking or suspending license: Not Applicable

b. Date of revocation or suspension: Not Applicable

c. Reason given by revoking jurisdiction for revocation or suspension: Not Applicable

d. Additional explanatory information, if desired: Not Applicable

6.2. Has Applicant, the manager, or any person or entity listed on e Officers and Directors, Ownership Interests, or Partnership / forms, ever been convicted of a felony under Federal or State law?

◉ No

○ Yes, please identify the following:

a. Jurisdiction revoking or suspending license: Not Applicable

b. Date of revocation or suspension: Not Applicable

c. Reason given by revoking jurisdiction for revocation or suspension: Not Applicable

d. Additional explanatory information, if desired: Not Applicable

6.3. Is applicant a resident of Downers Grove?

○ Yes ○ No ◉ Not Applicable – Corporation / Partnership

7. CERTIFICATE OF INSURANCE

7.1. Coverage required.

Personal Injury – Each Person - $500,000 Each Occurrence - $1,000,000

Property Damage - $100,000

7.2. Insurance Details

Insurance Carrier (Required):

Policy Number: H1137119A

Effective Dates: 06/30/2025-06/30/2026

7.3. Attach Certificate of Insurance

An applicant with a self-insurance program may satisfy the requirement of this section by submitting to the Village a statement from the administrator of such program that the applicant can satisfy claims in the amounts set forth above.

8. EQUIPMENT

Complete required form titled, "List of Applicant's Equipment"

9. DISPOSAL

State the method of collection and places of disposal of refuse collected in the Village.

Types of Garbage Trucks : Front/ Side/ Rear load, Roll off

Northlake & McCook Transfer station, Pontiac landfill

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

Types of Garbage Trucks: Front/Rear load

Northlake & McCook Transfer station, Organics Downtown Chicago

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

Types of Garbage Trucks: Front/Rear load

10. 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.

11. 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.

12. VERIFICATION OF ABILITY TO SERVCE MULTI-FAMILY STRUCTURES

Please provide the following:

- 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.

13. DISCLOSURE

13.1. Applicant understands and agrees that additional information and material may be required during the processing of this application related to applicant's qualifications, the information provided herein, including attachments. Applicant agrees to provide such additional information and material and that failure to do so may delay the processing of this application or result in its denial.

13.2. In the event Applicant is made aware that any information or document submitted as part of this application process is inaccurate or incomplete, Applicant agrees to immediately notify the Village and provide appropriate corrections. Applicant understands and agrees to provide such additional information and material, and that failure to do so may delay the processing of this application or result in its denial.

13.3. The applicant is aware of and agrees to the provisions of Downers Grove Village Code Sec. 8-67.01 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.

THE UNDERSIGNED, BEING DULY SWORN, DOES STATE AS FOLLOWS:

A. THAT THE UNDERSIGNED IS EMPOWERED TO PREPARE AND SIGN THIS APPLICATION ON BEHALF OF THE APPLICANT.

B. THAT THE UNDERSIGNED HAS REVIEWED THIS APPLICATION, AND ALL ATTACHMENTS AND SUBMITTALS, AND THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE.

Name of Corporation/Limited Liability Company/Partnership/ Sole Proprietorship: Allied Waste Services of North America LLC, dba Republic Services of Melrose Park

Applicant Signature:

Printed Name: Eric Paihr

Title: General Manager

Date: 11/20/25

Truck	Year	Make	Model	Serial Number	Plate
1216	2011	Mack	MRU613	1M2AV02C6BM008088	33523R
1222	2018	Mack	MRU613	1M2AV02C8JM017390	43322R
1223	2018	Mack	MRU613	1M2AV02CXJM017391	43325R
1224	2018	Mack	TE64R	1M2TE1GC2KM001730	46084R
1227	2018	Mack	TE64R	1M2TE1GC6KM001164	44784R
1228	2018	Mack	TE64R	1M2TE1GC5KM001172	44796R
1286	2014	Mack	MRU613	1M2AV02C0EM010620	48546R
2306	2017	Mack	LR 613	1M2LR02C9HM002808	42572R
2307	2017	Mack	LR 613	1M2LR02C0HM002809	43342R
2308	2017	Mack	LR 613	1M2LR02C7HM002810	43341R
2311	2017	Mack	LR 613	1M2LR02C4JM003256	44222R
2333	2011	Mack	LEU 613	1M2AU02CXBM005763	42574R
2344	2014	Mack	LEU 614	1M2AU02C5EM008011	38793R
2347	2015	Mack	LEU 615	1M2AU02C6FM009752	49836R
2349	2016	Mack	LEU 616	1M2AU02C1GM010227	42637R
3009	2016	Mack	MRU 613	1M2AV02C5GM016190	53483R
3010	2016	Mack	MRU 613	1M2AV02C7GM016191	49839R
3012	2016	Mack	MRU 613	1M2AV02C1HM017189	49841R
3018	2025	Mack	GR64B	1M2GR2GC1TM0050558	Temp Tag 634-AC-393

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 11/26/2025

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 have ADDITIONAL INSURED provisions or 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 NORTH SCOTTSDALE ROAD
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	NAIC #
INSURER A: ACE American Insurance Co.	22667
INSURER B: Indemnity Insurance Co. of North America	43575
INSURER C: Illinois Union Insurance Company	27960
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
REPUBLIC SERVICES, INC.
18500 N. ALLIED WAY
PHOENIX, AZ 85054

COVERAGES **CERTIFICATE NUMBER: 2934467** **REVISION NUMBER: 1**

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PROJECT [ ] LOC [ ] OTHER:			HDO G48981793	06/30/2025	06/30/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS -COMP/OP AGG	$ 10,000,000 $ 10,000,000 $ 10,000,000 $ 30,000,000 $ 20,000,000
A	AUTOMOBILE LIABILITY [X] ANY AUTO [X] OWNED AUTOS ONLY [X] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			ISA H1137119A	06/30/2025	06/30/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY(Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 10,000,000
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	
B A A C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [N] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WLR C72793894 - AOS WLR C72793882 - OR SCF C72793900 - WI WCU C72793912 - OH XS TNS C72627490 - TX NS/XS	06/30/2025 06/30/2025 06/30/2025 06/30/2025 06/30/2025	06/30/2026 06/30/2026 06/30/2026 06/30/2026 06/30/2026	[X] PER STATUTE [ ] OTHER E.L. EACH ACCIDENT E.L. DISEASE -EA EMPLOYEE E.L. DISEASE -POLICY LIMIT	 $ 3,000,000 $ 3,000,000 $ 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached 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
850 CURTISS STREET
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

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

ADDITIONAL REMARKS **CERTIFICATE NUMBER: 2934467**

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 including on-going and completed operations 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.
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.

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 C72793894 and stop gap coverage for OH is covered under policy no. WCU C72793912, as noted on page 1 of this certificate.

TEXAS EXCESS INDEMNITY AND EMPLOYERS LIABILITY:
Insured is a registered non-subscriber to the Texas Workers Compensation Act. Insured 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 C72627490) 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.

RE: Scavenger License

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