



CITY OF NEIGHBORS
1610 Plainfield Rd.
Crest Hill, IL 60403
815-741-5100

SLAG OR FLYASH OR PROCESSING FACILITY APPLICATION

Pursuant to Crest Hill Ordinance Number 608, the Applicants for a License Thereunder Provide the following information:

Yearly Fee: \$1,500.00

License # _____

Date Paid: _____

The Name of the Person, Joint Venture, Partnership or Corporation making the application:

Name: _____

Address: _____

Phone Number: _____

The Name of the owner of the property on which the Business will be operated, and the Name, Business, Telephone Number of the person, including the Corporate Officers, responsible for operation of the Business:

Name: _____

Address: _____

Phone Number: _____

The Address where the Business will be operated, including the location of the junk yard or scrap processing facilities:

Address: _____

Is the Application for an existing facility: Yes _____ No _____ or a New Facility Yes _____ No _____

A Specification of what type of Business will be operated on the facility:

A Commitment that the License shall pay for the costs of any water, firefighting or ambulance services extended by the City of Crest Hill or the Applicable Fire Protection District if a fire is caused because of flammable materials having been used in a landfill: THE UNDERSIGNED:

Signature Date

Hereby Commits to Pay for the Costs of any water, Firefighting or Ambulance Services Extended by the City of Crest Hill or the Applicable Fire Protection District if a Fire is Caused Because of Flammable Materials having been used in a Landfill.

I, _____, the Applicant do Hereby Certify that the requirements of the State of Illinois, County of Will, and the City of Crest Hill will all be Complied with and That the Statements Herein are Correct and true to the Best of my Ability.

Person completing this form:

Signature Date

Relationship to the Business: _____

Date for was completed: _____