



Office Use Only:
License # _____
Date Approval: _____

3S258 MANNING AVE, WARRENVILLE, IL 60555 PH 630-393-9427 FAX 630-393-1531

WARRENVILLE PAVEMENT SEALANT PROFESSIONAL LICENSE APPLICATION

Applicant Information:

Name of Company: _____

Company Website: _____

Applicant's Name: _____

Address: _____

City/State/Zip: _____

Phone #: _____ Fax #: _____

Email: _____

Office and Garage Location (if different than address above):

Applicant's Address: _____ City/State/Zip: _____

Type of Business:

Individual Ownership

Partnership

Corporation

Limited Liability Company (LLC)

Registered Agent Information (For Corporations Only):

Registered Agent's Name: _____

Address: _____ City/State/Zip: _____

Owner Information:

Complete the following information for each owner. If the business is a partnership, indicate the information for each partner. If the business is a corporation, indicate the information for each director or shareholder owning directly or indirectly 5% or more of the shares. If there are more than two owners, please attach additional sheets.

Owner Name: _____ % Interest in Firm: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Owner Name: _____ % Interest in Firm: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Owner Name: _____ % Interest in Firm: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Background Information:

Have you ever applied for a pavement sealant professional license in the City of Warrenville or any other unit of government? Yes No

If so, where and when? _____

Was your license granted or denied?

Granted By whom and when? _____

Denied By whom and when? _____

Has your license ever been suspended or revoked in the City of Warrenville or any other unit of government?

No

Suspended By whom and when? _____

Revoked By whom and when? _____

Have you ever been convicted of a violation of pavement sealant professional regulations in the City of Warrenville or any other unit of government?

No

Yes By whom and when? _____

Vehicle Information:

List below each vehicle owned and controlled by the company and directly involved in pavement sealant activities. Attach additional sheets if necessary.

Year	Make	Model	License Plate #	Vehicle Identification # (VIN)

Material Safety Data Sheets:

Applicant shall submit MSDS for all sealcoat products that will be used by its company in the City of Warrenville.

Payment:

Applicants must pay a license fee of \$100 annually. The license expires on December 31 of each calendar year. The fee may be paid by cash, check or credit card.

Type of Payment: Cash Check # _____

Signature, Acknowledgment and Authorization:

I will comply with the rules, regulations and ordinances of the City of Warrenville. Failure to do so will result in revocation of this license and a fine. The undersigned Pavement Sealant Professional's License applicant has received copies of, reviewed and understands the applicable ordinances of the City (including, without limitation, those prohibiting the use and sale of coal tar sealants) and will promulgate same and educate its employees thereof. Additionally by signing, the applicant provides authorization for the City, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in the application and the qualifications of the applicant for a license.

Print Name/Title: _____

Signature: _____

Date: _____