

**VILLAGE OF ORLAND HILLS ~ DEPARTMENT OF REVENUE
CONTAINER LICENSING**

Revised 11/19/07

Accounting Year _____ / Accounting Month _____

Corporate Name _____

Mailing Address _____

City, State, Zip _____

Corporate Phone: _____

FEIN _____

Phone: _____ Contact Person _____

Mail payment and return to:
**VILLAGE OF ORLAND HILLS
DOR – Container Licensing
16033 S. 94th Avenue
Orland Hills, IL 60487-4623**

If your business name, address, operations, or ownership have changed, you must file a Business Change Form (BCF) with your return if you have not yet filed one. Form (BCF) is available from the Building Department.

L I N E	Size - Cu. Yd.		# Containers	Annual Fee	Fee Payable "A"	# Containers	Monthly Fee	Fee Payable "M"	TOTAL PAYABLE "A"+"M"
	Min.	Max							
1.	1.1	6.0		\$100.00			\$8.34		
2.	6.1	18.0		\$200.00			\$16.67		
3.	18.1	59.0		\$300.00			\$25.00		
4.	59.1	150.0		\$400.00			\$33.34		
5.	150.1	plus		\$500.00			\$41.67		
								TOTAL AMOUNT DUE >	

Payment method (check one): Check/Money Order Other

Preparer Statement

Under the penalty of perjury, I certify that I have examined the return, and to the best of my knowledge and belief, it is true, correct and complete.

AGENT/ PREPARER SIGNATURE _____ S.S.N. _____ DATE _____

BUSINESS NAME _____ PHONE _____

NOTE: You must fill this form out completely. If any information is omitted, this return will be deemed incomplete, and you will be assessed penalties.

OFFICE USE ONLY

Date Rcv'd. _____
Rcv'd. By _____
Checked By _____

INSTRUCTIONS FOR PREPARING THE ORLAND HILLS CONTAINER LICENSING REPORT

NOTE: Effective December 4, 2003, owners of containers in excess of 1.1 cubic yard (30 cubic feet), are required to obtain a license for such containers. To enable this process the Village of Orland Hills has created the monthly reporting procedure, herein defined. This reporting process is in lieu of a physical license appliqué. Reporting should include ALL container units by size, whether used for Merchandise Storage or Waste Storage for residential, multi-family, commercial or construction applications.

----- **Complete the top portion of the form with all pertinent information.** -----

LINE 1-5. **Number of Units by Size of Container.**

Enter the total number of units in place for the month, which were on a fixed contract basis. Enter the number of units in place on a temporary or short-term lease basis. Report ALL units placed into service. "Annual License Fees" will be assessed for all units in excess of those paid in previous months of the current calendar year. Submit payment for the number of units subject to licensing at the appropriate license fee according to container size. If there are discrepancies in your submittal, the Village will assess the actual amount due plus 1.5% per month late fee.

Example:

Month - January:	6 Cu. Yd./ Fixed = 5, Temp. = 5, License Due = \$1,000.00 18 Cu. Yd./ Fixed = 3, Temp. = 1, License Due = \$ 800.00
Month - February:	6 Cu. Yd./ Fixed = 5, Temp. = 1, License Due = \$ zero 18 Cu. Yd./ Fixed = 3, Temp. = 2, License Due = \$ 200.00
Month - March:	6 Cu. Yd./ Fixed = 7, Temp. =10, License Due = \$ 700.00 18 Cu. Yd./ Fixed = 3, Temp. = 5, License Due = \$ 600.00
Month - April:	6 Cu. Yd./ Fixed = 7, Temp. =12, License Due = \$ 200.00 18 Cu. Yd./ Fixed = 3, Temp. = 2, License Due = \$ zero

Alternate Method: (Monthly Fee Option)

Enter the total number of containers placed into service for the month, by container size, in the column to the immediate left of the "Monthly Fee" column. Multiply the number of containers times the "Monthly Fee" giving the Fee Payable "M". Record that amount from column "M" also in the "Total Payable" column. This option requires that EVERY UNIT placed into service be counted, whether in service for one day or twenty days.

Total down the rightmost column and enter that total amount in the box provided, at the bottom of that column. That "Total Amount Due" is to be remitted with the report being submitted, and a list of locations serviced for the month.

Place an "X" in the appropriate payment method box and enter the amount of payment in the "Total Amount Due" box.

Complete the bottom portion of the form, including the date of submittal.

Revised 11/19/07

FOR ADDITIONAL INFORMATION CALL 708-349-6666

NOTE: You must complete all information on this page for this return to be considered complete.