

Portable Sanitation Business License Application

TYPE OF APPLICATION:	☐ Original – Required☐ Notification of Name			lo Fee
Attach a check or money o No fee required for plumbe	order, payable to: Illinois De	epartment of Public I	•	
Name of Business				
Business Physical Address				
City/State	State Cou			ZIP Code
Fax	Telephone		E-mail	
Owner Name				
Illinois Secretary of State F	ile Number			
Contact Person	Contact Person Telephone			
Contact Person E-mail				
Business Mailing Address				
				ailing ZIP Code
shown on this form. Illi		umber 058	Ехрі	lumber's license must be ration Date
Number: DO NOT apply to r I AM delinquent, or I AM NOT more that Failure to check and signal.	I hereby certify, under the control of the c	under penalty of perju omplying with a child of your application an	ury, that issues of control order support orde	submit with Social Security ourt ordered child support er.
Арр	licant's Signature		Date	
	ness' education and trair ment, as required in 905.	ning materials and p		ation and training
Central Office Use Only				
		Lic	ense Number	·····

This Illinois Department of Public Health is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act 84-670. Disclosure of this information is mandatory.