

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
525 W. JEFFERSON ST.
SPRINGFIELD, IL 62761

COMMERCIAL STRUCTURAL PEST CONTROL BUSINESS LICENSE APPLICATION

The application for a license as a commercial structural pest control business location must be submitted with the certificate of insurance form and \$250. Fees shall be paid by certified check, money order or personal check made payable to the Illinois Department of Public Health. **(Fees required for licensing are non-refundable in the event applications are not acceptable.)**

TYPE OR PRINT

1. NAME OF BUSINESS _____
ADDRESS OF BUSINESS _____
CITY _____ STATE _____ ZIP CODE _____
2. MAILING ADDRESS (if different from above) _____
3. BUSINESS TELEPHONE NUMBER _____ / _____ COUNTY _____
(area code)
4. FEDERAL EMPLOYER IDENTIFICATION NUMBER _____
5. TYPE OF OWNERSHIP (Check appropriate response)
____ Sole Proprietorship ____ Corporation ____ Other (Specify) _____
Registered Agent (if a corporation, LLC, LP, LLP, LLLP)

Name _____ Street Address _____ City, State, ZIP Code _____
Exact Name on File with IL Secretary of State _____
(Provide copy of certification on file with Illinois Secy. of State)

6. LIST OF OFFICERS, PARTNERS, MEMBERS, OWNER (To be completed by all types of ownership)
- | NAME | HOME ADDRESS | TITLE |
|-------|--------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

7. NAME OF CERTIFIED TECHNICIANS USING PESTICIDES OR SUPERVISING PESTICIDE APPLICATIONS FOR ABOVE BUSINESS LOCATION (Use additional sheet if necessary.)
- | NAME | ID NO. | SIGNATURE |
|-------|-----------|-----------|
| _____ | 052-_____ | _____ |
| _____ | 052-_____ | _____ |
| _____ | 052-_____ | _____ |

8.

2 inch x 2 inch Color Photograph (Photocopies not acceptable)	**2 inch x 2 inch** Color Photograph (Photocopies not acceptable)
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- **Attach recent two inch x two inch head and shoulder color photograph of manager/owner of this location. Print name below each photograph. Photographs of additional employees may be requested at a later date. (Use additional sheet if necessary.)

Name _____ (Print) Name _____ (Print)

IMPORTANT NOTICE
This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act 79-578. Disclosure of this information is mandatory. This form has been approved by the Forms Management Center.

9. TYPE OF PEST CONTROL ACTIVITIES PERFORMED (Check appropriate areas)

<input type="checkbox"/> General (Insect & Rodent)	<input type="checkbox"/> Consultation	<input type="checkbox"/> Food Mfg. & Processing
<input type="checkbox"/> Bird	<input type="checkbox"/> Inspection (Termite, etc.)	<input type="checkbox"/> Wood Treatment
<input type="checkbox"/> Termites	<input type="checkbox"/> Retail Sales	<input type="checkbox"/> Other (explain) _____
<input type="checkbox"/> Fumigation	<input type="checkbox"/> Public or Multiple Housing	_____

10. Have you previously operated a structural pest control business in this or any other state, or applied for an Illinois structural pest control business license?

(Check appropriate space)

	OPERATED	APPLIED
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

If "YES," complete the following:

Business Name _____ ID No. 051- _____

Business Address _____

City _____ State _____ ZIP Code _____

11. (a) Have you or any officer of this, or any other, business ever had a license for a structural pest control business denied, suspended or revoked in Illinois, or in any other state?

YES NO If "YES," explain on a separate sheet of paper.

(b) Have you or any officers or employees of this, or any other, business ever had legal action initiated for violating pest control, pesticide or deceptive business practice laws in Illinois, or any other state?

YES NO If "YES," explain on a separate sheet of paper.

12. List any telephone answering services (name, address, city, state, telephone number) that you use.

13. Attach a certificate of insurance meeting the requirements of Section 9 of the Structural Pest Control Act and Sections 830.250 and 830.260 of the Structural Pest Control Code to this application.

14. Will pesticides be stored (a) within 200 feet of any water well? YES NO; (b) within 400 feet of a community water well system (municipal)? YES NO. If you marked 14 (a) or (b) "YES," provide distance from storage to well: _____.

15. If you marked 14(a) "YES," have you notified the Illinois Environmental Protection Agency (IEPA) in writing per Section 14.2(b) of the Environmental Protection Act (EPA), 415 ILCS 5/14.2(b), or obtained a waiver, exception, or certification of minimal hazard from IEPA per Section 14.2(b), 14.2(c) or 14.5 of the EPA, 415 ILCS 5/14.2(b), 14.2(c) or 14.5? YES NO. If "YES," attach a copy of the written IEPA notification, waiver, exception or certification of minimal hazard to this application.

I hereby certify that the information contained in this document is true and valid, and I understand that the Illinois Department of Public Health may revoke any Illinois structural pest control business license when the holder of such license knowingly makes false or fraudulent claims.

Signature of Manager/Owner