



Portable Sanitation Business License Application

- TYPE OF APPLICATION:** **Original – Required nonrefundable fee of \$250**
 Notification of Name/Address or Information Change. No Fee

Attach a check or money order, payable to: Illinois Department of Public Health. **DO NOT SEND CASH.**
 No fee required for plumbers with a valid Illinois plumber's license.

Name of Business _____

Business Physical Address _____

City/State _____ County _____ ZIP Code _____

Fax _____ Telephone _____ E-mail _____

Owner Name _____

Illinois Secretary of State File Number _____

Contact Person _____ Contact Person Telephone _____

Contact Person E-mail _____

Business Mailing Address _____

Mailing City/State _____ Mailing ZIP Code _____

If a Partnership or Corporation, include the Name and Address of the General and Limited Partners

PLEASE NOTE: If sole proprietor, licensed Illinois Plumbers are fee exempt. Plumber's license must be shown on this form. Illinois Plumber's License Number 058-_____ Expiration Date _____

City of Chicago plumbers must send a copy of their City of Chicago Plumber's License with this form.

Sole Proprietor. If sole proprietor, must complete the child support statement below and submit with Social Security Number:_____. I hereby certify, under penalty of perjury, that issues of court ordered child support

- DO NOT apply to me, or**
- I AM delinquent, or**
- I AM NOT** more than 30 days delinquent in complying with a child order support order.

Failure to check and sign will result in the return of your application and delay in issuing your license. Making a false statement may place you in contempt of court, (ILCS 110/10-65(c)).

 Applicant's Signature

 Date

Per Section 905.135 (d) of the Private Sewage Disposal Code, provide the following:

- A copy of your business' education and training materials and protocol for education and training**
- Signed written statement, as required in 905.135 (d) (3)**
- Attach non-refundable fee**

Central Office Use Only

License 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.