



Structural Pest Control License Application Commercial Business

This application for a license as a commercial structural pest control business location must be submitted with the certificate of insurance form and a **\$250 fee**. The fee, made payable to the **Illinois Department of Public Health**, shall be in the form of a cashier's check, money order, or personal check and is **non-refundable**.

PRINT OR TYPE

Name of Business _____

Address of Business _____

City _____ State _____ ZIP Code _____ County _____

Mailing Address (if different from above) _____

Business Telephone Number _____ Federal Employer Identification Number _____

Type of Ownership (Check appropriate response)

Sole Proprietorship Corporation Other (Specify) _____

Registered Agent (if a corporation, LLC, LP, LLP, LLLP)

Name _____

Address _____ City _____ State _____ ZIP Code _____

Exact Name on file with IL Secretary of State _____

(Provide a copy of the certification on file with Illinois Secretary of State)

List of Officers, Partners, Members, Owners (To be completed by all types of ownership)

Name	Home Address	Title

Name of Certified Technician(s) Using Pesticides or Supervising Pesticide Applications for the above business location
(Use additional sheet if necessary.)

Name	ID No.	Signature

2 x 2 inch
Color Photograph

(Photocopies Not Accepted)

2 x 2 inch
Color Photograph

(Photocopies Not Accepted)

****Attach recent 2 x 2 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 _____

Name _____



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 |
| <input type="checkbox"/> Fumigation | <input type="checkbox"/> Public or Multiple Housing | (explain) _____ |

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 box(es))

Operated Yes No Applied Yes No

If "Yes," complete the following:

Business Name _____ ID No. 051- _____

Business Address _____

City _____ State _____ ZIP Code _____

(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.

Attach an Illinois Department of Public Health certificate of insurance form 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.

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 (a) or (b) "Yes," provide distance from storage to well: _____

If you marked (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

Date

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.



Checklist for Completing Commercial Business Application

Applicant must —

- 1. Complete **ALL** spaces pertaining to the business (i.e. company name, address, etc.).
- 2. List mailing address if different from business locations.
- 3. List business telephone number including area code; list county
- 4. List Federal Employer Identification Number (none needed if owner is the only employee)
- 5. Mark type of ownership. If a corporation, limited liability company, limited partnership, limited liability limited partnership, limited liability partnership, list registered agent's name and address. List exact name of Illinois corporation, etc., on file with the Illinois Secretary of State and provide a copy of that certification. (Out-of-state corporations must register with the Illinois Secretary of State before completing the application).
- 6. List company officers. If a sole proprietorship, list owner. If a partnership, list partners. If an LLC, list members, etc.
- 7. Name of Illinois certified technician(s), including certification ID numbers and their signatures.
- 8. Attach a 2 x 2 inch photo and identify the manager(s) and/or owner(s) to the application.
- 9. Mark all types of pest control activities performed.
- 10. Answer all questions regarding former business licenses held or applied for.
- 11. Answer questions relating to this business or any other business in which you held an interest. (Use additional sheet if necessary)
- 12. Attach a copy of the Department certificate of insurance form issued by an insurance company authorized to do business in the State of Illinois (or by a risk retention or purchasing group formed pursuant to 15 U.S.C. Sec. 3901, et seq.) The certificate must comply with Section 9 of the Structural Pest Control Act and Sections 830.250 and 830.260 of the Structural Pest Control Code. A certificate form may be obtained from the Structural Pest Control web page at: www.dph.illinois.gov.
- 13. Answer questions regarding pesticide storage and attach a copy of the Illinois Environmental Protection Agency notification, etc., if appropriate.
- 14. Sign and date the application.
- 15. Attach a \$250 fee made payable to the Illinois Department of Public Health in the form of a personal check, cashier's check or money order.

If you have done all of the above, submit the application and your fee/payment to the address listed below:

Illinois Department of Public Health
Division of Environmental Health
Structural Pest Control Program
525 W. Jefferson St.
Springfield, IL 62761