

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
 DIVISION OF ENVIRONMENTAL HEALTH
 525 WEST JEFFERSON
 SPRINGFIELD, ILLINOIS 62761
 217-782-5830
 217-785-0253 (Fax)

MIGRANT LABOR CAMP LICENSE RENEWAL/ORIGINAL APPLICATION

Section 4(d) of the Migrant Labor Camp Law requires that the licensee complete and submit this renewal application at least 60 days prior to occupancy of the camp and that the camp be ready for an occupancy inspection at least 30 days prior to the first day of occupancy. Occupancy shall not be allowed until issuance of a current license from this Department.

- I do not intend to reopen this camp.*
 The camp will be opened next year, but will not provide housing for 10 or more workers or their family members.*
 *Please fill in the "CAMP INFORMATION" box below.

CAMP INFORMATION				LICENSEE/APPLICANT INFORMATION			
Camp Name:				Name:			
Address: (street, route, or P.O. box)				Address: (street, route, or P.O. box)			
	† (City)	† (County)	† (ZIP)		† (City)	† (State)	† (ZIP)
Phone #:	()			Phone #:	()		

* If licensee is a partnership, provide the names and addresses of all partners. If the licensee is a corporation, the names and addresses of the principal officers of the corporation must be provided:

Anticipated Dates of Occupancy:	From:	To:
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Please advise the regional office indicated on the back of this form if your facility will not be ready for an occupancy inspection at least 30 days prior to the initial date of occupancy indicated above.

Approximate Number of Occupants:	
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Changes to the camp: Prior to making any major changes to the camp, plans must be submitted to the central office at the address indicated above and approved before construction starts. If changes have been made since last year, please describe them below.

Signature of Applicant/Licensee:		Date:	
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Return this form with the \$100 annual licensure fee in the form of a check made payable to the Illinois Department of Public Health to the address indicated at the top of this form.

IMPORTANT NOTICE

This state agency is requesting disclosure of information that is necessary to accomplish the statutory authority under Ill. Rev. Stat., ch. 111 ½, par. 185.1 et seq. Disclosure of this information is mandatory.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH REGIONAL OFFICES

OFFICES THAT ADMINISTER THE MIGRANT LABOR CAMP PROGRAM

ROCKFORD REGION

Illinois Department of Public Health
Div. of Environmental Health
4302 North Main Street
Rockford, Illinois 61103
815-987-7511
Fax: 815-987-7822

PEORIA REGION

Illinois Department of Public Health
Div. of Environmental Health
5415 North University Street
Peoria, Illinois 6161
309-693-5360
Fax: 309-691-2985

EDWARDSVILLE REGION

Illinois Department of Public Health
Div. of Environmental Health
22 Kettle River Drive
Glen Carbon, Illinois 62034
618-656-6680
Fax: 618-656-5863

MARION REGION

Illinois Department of Public Health
Div. of Environmental Health
2309 West Main Street
Marion, Illinois 62959
618-993-7010
Fax: 618-993-6840

CHAMPAIGN REGION

Illinois Department of Public Health
2125 South First Street
Champaign, Illinois 61820
217-278-5900
Fax: 217-278-5959

WEST CHICAGO REGION

Illinois Department of Public Health
Div. of Environmental Health
245 West Roosevelt Road, Building 5
West Chicago, Illinois 60185
630-293-6800
Fax: 630-293-6908

CENTRAL OFFICE

Illinois Department of Public Health
Div. Of Environmental Health
525 West Jefferson Street, Third Floor
Springfield, Illinois 62761
217-782-5830
Fax: 217-785-0253
TDD: 1-800-547-0466
(For hearing impaired use only)

