



## Portable Sanitation Business License Application

- TYPE OF APPLICATION:**     **Original – Required nonrefundable fee of \$250.00**  
 **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.*

<p><b>Sole Proprietor.</b> 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</p> <p><input type="checkbox"/> <b>DO NOT apply to me</b> or</p> <p><input type="checkbox"/> <b>I AM delinquent</b> or</p> <p><input type="checkbox"/> <b>I AM NOT</b> more than 30 days delinquent in complying with a child order support order.</p> <p><b>Failure to check and sign</b> this certification 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)).</p> <p>_____                  Applicant's Signature</p> <p>_____                  Date</p>
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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**

<p>Central Office Use Only</p> <p style="text-align: right;">License Number _____</p>
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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.