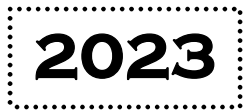


ST. CLAIR COUNTY HEALTH DEPARTMENT

19 PUBLIC SQUARE, STE 150

BELLEVILLE, IL 62220

(618) 233-7769 FAX (618) 236-0676



PRIVATE SEWAGE DISPOSAL SYSTEM
INSTALLATION CONTRACTOR AND/OR PUMPING CONTRACTOR
REGISTRATION APPLICATION

NOTE: You must be licensed by the State of Illinois as a Private Sewage Disposal System Installation Contractor and/or a Private Sewage Disposal System Pumping Contractor before a St. Clair County Registration Certificate will be issued. Any person who constructs, installs, modifies, maintains or services a private sewage disposal system must be licensed and registered as a Private Sewage Disposal System Installation Contractor.

In addition, any person operating in Illinois who sells, rents, leases, transports, services, cleans, sanitizes or maintains a portable toilet or portable potable hand washing unit or pumps, transports or disposes of waste from portable toilets or portable potable hand washing units shall be licensed as a portable sanitation business.

LICENSE INFORMATION:

Name of Company: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax Number () _____ Cell# (optional) () _____

Owner/Contact: _____ Email: _____

Type of work performed: Check Appropriate Space(s): Installer _____ Pumper _____ Portable Sanitation _____

If you are a pumper, indicate disposal site(s): _____ Municipal Sewage Plant _____ Sanitary Landfill

Location (specify): _____

Please list any type of Aeration Systems you service (specify): _____

All licensed representatives must submit a copy of their Illinois Department of Public Health Private Sewage Disposal System Contractor License with this application.

***List all licensed company representatives on the space provided**

***NAME OF LICENSEE:**

STATE LICENSE NUMBER:

Additional company representatives can be listed on back.

NOTE: All registration certificates shall expire December 31st of the year issued, except those issued in December will expire December 31st of the following year.

I agree to comply with the St. Clair County Private Sewage Disposal Ordinance 19-2.

Signature _____

Title _____

Date _____

LICENSE FEE: \$100.00 payable to the St. Clair County Health Department (personal checks accepted).

Returned checks incur a \$25.00 fee

We are accepting credit and debit cards for the payment of account balances. Credit/Debit card transactions will be subject to a convenience fee in addition to the permit fee.

CARDHOLDER INFORMATION

Name: _____ Contact Telephone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa Discover Card

Number: _____

Expiration Month/Year: _____ Security Code: _____

Applicant's Signature _____ Date _____

***NAME OF LICENSEE:**

STATE LICENSE NUMBER:

