

APPLICATION FOR LICENSE TO INSTALL PRIVATE SEWAGE SYSTEMS

Application is hereby requested for license to install private sewage systems for the 2017 calendar year.

Name of Applicant: _____

Name of Business: _____

Address: _____

City: _____ Zip: _____ County: _____

Busn: _____ Cell: _____ Fax: _____

Present DeKalb County License #: _____

Illinois State License #: _____ Date Issued: _____

This application must be received by the Health Department before April 28, 2017. A license fee in the amount of one hundred dollars (\$100.00) must accompany this application. Make check payable to DeKalb County Health Department and include a copy of your State License with this submittal.

Signature of Applicant: _____ Date: _____