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**APPLICATION FOR LICENSE TO PUMP SEPTIC TANKS**

Application is hereby requested for license to pump 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: \_\_\_\_\_

Please designate your location for sludge disposal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_