
APPLICATION FOR LICENSE TO PUMP SEPTIC TANKS

Application is hereby requested for license to pump private sewage systems for the 2021 calendar year.

Name of Applicant: _____

Name of Business: _____

Address: _____

City: _____ Zip _____ County: _____

Busn: _____ Cell: _____ Fax: _____

E-mail: _____

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 December 31, 2020. 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: _____