

APPLICATION FOR LICENSE TO PUMP SEPTIC TANKS

Application is hereby requested for license to pump private sewage systems for the 2024 calendar year.

Name of Applicant: _____

Name of Business: _____

Business Address: _____

City: _____ Zip: _____ County: _____

Business #: _____ Cell#: _____ Fax #: _____

E-mail to send the permits: _____

Present DeKalb County License #: _____

Illinois State License #: _____ Date Issued: _____

If applicable, use lines below to list other licensed employees at this Business:

Name _____ IL License #: _____ Date Issued: _____

Name _____ IL License #: _____ Date Issued: _____

Name _____ IL License #: _____ Date Issued: _____

Name _____ IL License #: _____ Date Issued: _____

Signature of Applicant: _____ Date: _____

This application must be received by the Health Department prior to work being conducted.

In your response please include:

- ✓ This Application
- ✓ Photocopy of all 2023/2024 IL State Licenses
- ✓ A license fee in the amount of one hundred dollars (\$100.00) per Business
(check payable to DeKalb County Health Department or credit card over the phone at 815-748-2153)