



POLLUTION CONTROL FACILITY LICENSE APPLICATION

Fiscal Period Covered July 1, 2022 - June 30, 2023

Mail to: 400 South Vine Street, Urbana, IL 61801

| Office Use Only | |
|---------------------------|--------------------------------|
| New: _____ | Amount Due: \$ 3,660.00 |
| Renewal: _____ | Amount Paid: \$ _____ |
| License #: _____ | Date Issued: _____ |
| Business Account #: _____ | Next Renewal: _____ |

PLEASE PRINT

I. Facility Name: _____
Facility Address: _____ IEPA #: _____
IEPA DE/OP Permit #: _____

II. Type of Facility: Landfill () Waste Disposal () Transfer Station ()
Waste Storage () Waste Incinerator () Waste Treatment ()

III. Waste Type: General Municipal Waste () Hazardous () Special [Non-hazardous] ()
Demolition Debris () Other [Specify _____] ()

IV. Maintenance Fund [\$15,000]: Is attached () Has been posted (), Date _____

V.

OWNER

OPERATOR

Name: _____

Name: _____

Address: _____

Address: _____

Contact person: _____

Contact person: _____

Telephone: _____

Telephone: _____

Email: _____

Email: _____

VI. I (we) hereby affirm that all information contained in this application is correct, to the best of my (our) knowledge.

Owner Signature: _____

Date: _____

Operator Signature: _____

Date: _____

