



CITY OF URBANA

POLLUTION CONTROL FACILITY LICENSE APPLICATION

Fiscal Period Covered July 1, 2023 - June 30, 2024

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

Office Use Only

New: _____

Amount Due: \$ 3,806.00

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

Name: _____

Address: _____

Contact person: _____

Telephone: _____

Email: _____

OPERATOR

Name: _____

Address: _____

Contact person: _____

Telephone: _____

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: _____

