

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH
525 WEST JEFFERSON STREET
SPRINGFIELD, ILLINOIS 62761

NON-COMMERCIAL STRUCTURAL PEST CONTROL BUSINESS APPLICATION

The application for registration as a Non-Commercial Structural Pest Control Location must be submitted accompanied by a fee in the amount of \$200.00. All fees must be in the form of a certified check, money order, or personal check made payable to the Illinois Department of Public Health.

TYPE OR PRINT ONLY

NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

CITY _____ STATE _____ ZIP CODE _____

MAILING ADDRESS (If different from above) _____

BUSINESS TELEPHONE _____ / _____ COUNTY _____
(Area Code)

FEDERAL EMPLOYER IDENTIFICATION NUMBER _____

TYPE OF OWNERSHIP (Check appropriate response)

____ Sole Proprietorship ____ Corporation ____ Other (Specify) _____

Registered Agent (if a corporation, LLC, LP, LLP, LLLP)

Name	Street Address	City, State, ZIP Code
Exact Name on File with IL Secretary of State _____ (Provide copy of certification on file with Illinois Secy. of State)		

LIST OF OFFICERS, PARTNERS, MEMBERS, OWNER (To be completed by all types of ownership)

NAME	HOME ADDRESS	TITLE
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIST OF LOCATIONS WHERE PESTICIDES ARE APPLIED
(Add additional pages if needed)

NAME	ADDRESS	TELEPHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

IMPORTANT NOTICE
THIS STATE AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED UNDER PUBLIC ACT 79-578. DISCLOSURE OF THIS INFORMATION IS MANDATORY. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

NAME(S) OF CERTIFIED TECHNICIANS SUPERVISING PESTICIDE APPLICATIONS AT LISTED LOCATION(S):
(Add additional pages if needed.)

NAME	CERTIFICATION NO.	SIGNATURE
_____	052-_____	_____
_____	052-_____	_____
_____	052-_____	_____
_____	052-_____	_____

TYPE OF PEST CONTROL ACTIVITIES PERFORMED:

- | | |
|---|--|
| <input type="checkbox"/> Insects & Rodents | <input type="checkbox"/> Food Manufacturing & Processing |
| <input type="checkbox"/> Bird Control | <input type="checkbox"/> Fumigation |
| <input type="checkbox"/> Termites | <input type="checkbox"/> Public Health Pest Control |
| <input type="checkbox"/> Institutions or Multi-Unit Housing | <input type="checkbox"/> Wood Treatment Pest Control |
| <input type="checkbox"/> Other (Explain) _____ | |

List of Pesticides Used at Facility (Use additional sheet if necessary)

BRAND NAME	ACTIVE INGREDIENT	EPA REGISTRATION NO.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you previously applied for an Illinois Structural Pest Control Registration? (Check one)

YES No If YES, answer below:

1. Old Business Name _____
2. Old Business Address _____
3. Old Illinois Structural Pest Control Registration I.D. No. 053- _____

I hereby certify that the information contained in this document is true and valid, and I understand that the Illinois Department of Public Health may revoke any Illinois Non-Commercial Structural Pest Control Business Registration when the holder of such registration knowingly makes false or fraudulent claims.

Signature of Manager/Owner