

## License Application Form

Drycleaning facilities, located in the state of Illinois and actively engaged in drycleaning operations for the general public, are **required** to be licensed with the **Drycleaner Environmental Response Trust Fund of Illinois** effective January 1, 1998. Please complete and return this form with the required document.

You are **not required** to be licensed and are **not eligible** for program benefits if any of the following define your facility.

- |  |  |
|--|--|
| <input type="checkbox"/> facility located on a US military base                | <input type="checkbox"/> industrial laundry, commercial laundry or linen supply facility     |
| <input type="checkbox"/> prison or penal institution                           | <input type="checkbox"/> state operated mental health facility                               |
| <input type="checkbox"/> not-for-profit hospital or other health care facility | <input type="checkbox"/> facility currently or formerly located on federal or state property |

If you need assistance in completing this form, please call 1-800-765-4041.

### Part A

#### Facility Information

Facility Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Date you began drycleaning operations at this facility \_\_\_\_\_

Was this location ever a drycleaning facility prior to the date you began drycleaning operations? Yes or No.

If yes, please state the dates drycleaning was conducted at this location \_\_\_\_\_. Please state the name and address of the previous owner of this facility, if known \_\_\_\_\_

If no, please state what this location was used for prior to the date drycleaning operations began \_\_\_\_\_

### Part B

#### Operator Information

Operator Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Legal Entity: Sole Proprietorship \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_

Other, explain: \_\_\_\_\_ Illinois Business Tax #: \_\_\_\_\_  
(See Illinois Tax Form DS-3 for tax #)

Fed ID or Soc. Sec. #: \_\_\_\_\_

### Part C

#### Real Estate Owner Information

Owner Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone No: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Legal Entity: Sole Proprietorship \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_

Other, explain: \_\_\_\_\_ Fed ID or Soc. Sec. #: \_\_\_\_\_

**Part D**

**Annual Fee Information**

Please estimate your annual drycleaning solvent purchases for the first twelve (12) month period and put this amount under the "Estimate Amount" column.

	<u>Estimate Amount</u>		<u>Estimate Amount</u>
Chlorine-based solvent:	_____ (in gallons)	Petroleum-based solvent with reclaimer:	_____ (in gallons)
Green solvent:	_____ (in gallons)	Petroleum-based solvent without reclaimer:	_____ (in gallons)

**PLEASE NOTE IF YOU USE MORE THAN ONE TYPE OF SOLVENT:** If you use more than one type of solvent, please put the quantity that you estimate that you will purchase in the first 12-months of operation, in gallons, under each type of solvent. In order to determine the proper licensing category, please refer to the enclosed "colored" flyer. Please call with questions.

**PLEASE NOTE WHEN ESTIMATING YOUR SOLVENT PURCHASES:** When you use a "12-month Estimate" for those drycleaning facilities that were not in operation the previous calendar year, this "12-month Estimate" will need to be reviewed after the first 12 months of operations to determine if the proper licensing fee was submitted. Any additional licensing fees are due by December 31 of the year that the 12 months of operations became due. Payments made after the due date will be assessed a \$5/day late payment fee until the proper license fee is paid. Please refer to the licensing application instructions for an example. It is the drycleaner's responsibility to calculate and submit the proper license fees.

**Part E**

**Drycleaning Solvent Supplier Information**

Name of Supplier: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Illinois Business Tax #: \_\_\_\_\_

(If you have more than one supplier, please attach a separate listing of them to this form.)

**Items to Return:** \_\_\_\_\_ **Completed Application Form**  
\_\_\_\_\_ **Proof of Payment of License Fee – white portion of the DS-3 Payment form.**

**NOTE:** This application is to obtain a license in the current calendar year. If the facility began drycleaning operations prior to the current year, additional information will need to be provided.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE NOT KNOWINGLY OR WITH THE INTENT TO DEFRAUD, SUBMITTED THIS APPLICATION WITH FALSE INFORMATION OR CONCEALMENTS FOR THE PURPOSE OF MISLEADING. I ACKNOWLEDGE ANY SUCH ACTS WOULD BE GROUNDS TO DENY THIS APPLICATION OR CANCEL AN EXISTING LICENSE.

\_\_\_\_\_  
Applicant's Signature Title Date

\_\_\_\_\_  
Applicant's Printed Name

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Return to: Drycleaner Environmental Response Trust Fund of Illinois  
P.O. Box 7380, Bensenville, IL 60106-7380  
Phone: 1-800-765-4041