

Dear Drycleaner Operator:

Effective January 1, 1998, all drycleaning facilities containing drycleaning equipment and providing services to the general public are required to be licensed by the Illinois Drycleaner Environmental Response Trust Fund. **Annually, you must pay a license fee and complete a license application. If you operate more than one drycleaning facility, you will need to complete an application for each drycleaning facility. Enclosed is a copy of the Drycleaner License Application Form and Instructions. If you do not operate this drycleaning facility, please pass this information to the current operator.**

- First, your facility must be registered with the Illinois Department of Revenue (IDOR). Please complete the REG-1 Illinois Business Registration Application by registering online at [tax.illinois.gov](http://tax.illinois.gov) or the application can be found at <http://www.revenue.state.il.us/TaxForms/Reg/>. We have enclosed one for your convenience. Once the IDOR has processed the application, they will assign you an account number and a DC number.
- Second, upon receipt of your new DC number from IDOR, you will need to pay a license fee. This can be done by obtaining from our office a pre-printed DS-3 Drycleaning Operators' Annual License Fee Payment Form to send with your license fee payment to the Illinois Department of Revenue at the address noted on the form or pay by credit card by going directly to the State of Illinois Treasurer's website at [www.illinoisepay.com](http://www.illinoisepay.com). If this location is not a new drycleaning facility and has already been operating as an active drycleaning facility in 2011 or earlier, you will need to contact our office to obtain the license fees applicable to license years 1998 through 2011.
- The Department of Revenue will process the payment and mail back to you the original white portion of the DS-3 form as a proof of payment receipt. If you pay by credit card, your proof of payment receipt is the receipt you print at the time that your credit card payment is made. This replaces the white DS-3 form and must be submitted with the License Application.
- Third, complete the License Application Form. Carefully review the Instructions and complete **all** sections of the Application.
- Fourth, upon receipt of the original white portion of the DS-3 Drycleaning Operators' Annual License Fee Payment Form from the Department of Revenue, attach the white form or credit card payment receipt to the License Application.
- Fifth, sign the application and return it to the address listed on the application.

If you have questions or would like a copy of the instructions in Korean, please call 1-800-765-4041.

Upon review of your completed License Application Form and verification of payment of the appropriate license fee, you will be issued a Drycleaner License Certificate.

Sincerely,

DRYCLEANER ENVIRONMENTAL RESPONSE TRUST FUND OF ILLINOIS

## 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 Registration #: DC - \_\_\_\_\_ 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) \_\_\_\_\_

**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 may be assessed a per 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 Supplier Business License #: DS - \_ \_ \_ \_ \_

(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 License Fee Payment (DS-3 form or credit card payment receipt)**

**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 AND THAT THIS DRYCLEANING FACILITY IS ACTIVELY ENGAGED IN DRYCLEANING OPERATIONS FOR THE GENERAL PUBLIC. 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

Return to: Drycleaner Environmental Response Trust Fund of Illinois  
P.O. Box 480, Bensenville, IL 60106  
Phone: 1-800-765-4041