



CITY OF URBANA

POLLUTION CONTROL FACILITY LICENSE APPLICATION

Fiscal Period Covered July 1, 2024 - June 30, 2025

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

Office Use Only	
New: _____	Amount Due: \$ <u>3,968.00</u>
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 (please check all that apply):

- 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 true and correct, to the best of my (our) knowledge.

Owner Signature: _____ Date: _____

Operator Signature: _____ Date: _____

