



CITY OF URBANA

POLLUTION CONTROL FACILITY LICENSE APPLICATION

Fiscal Period Covered July 1, 2021 - June 30, 2022

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

Office Use Only	
New: _____	Amount Due: \$ 3,660.00
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

OPERATOR

Name: _____
 Address: _____

 Contact person: _____
 Telephone: _____
 Email: _____

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: _____

