



Illinois Environmental Protection Agency

1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276 • (217) 782-3397

Drycleaner Environmental Response Trust Fund Drycleaner License Application Form

Drycleaning facilities located in 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.

- Facility located on a US military base
- Prison or penal institution
- Not-for-profit hospital or other health care facility
- Industrial laundry, commercial laundry or linen supply facility
- State-operated mental health facility
- Facility currently or formerly located on federal or state property

If you need assistance in completing this form, please email EPA.DrycleanerFund@illinois.gov.

Part A: Facility Information

Facility Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Contact: _____ Phone: _____ ext: _____

BOL ID #: _____

Date you began drycleaning operations at this facility: _____

Was this location ever previously a drycleaning facility? Yes No

Previous Drycleaning Activity (if yes)

Dates drycleaning was conducted: _____

Previous owner (if known): _____

Address: _____

City: _____ State: _____ ZIP: _____

Part B: Operator Information

Operator Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Contact: _____ Phone: _____ ext: _____

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: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Contact: _____ Phone: _____ ext: _____

Legal Entity: Sole Proprietorship Corporation Partnership Other (Explain): _____

Part D: Facility Owner Information

Owner Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Contact: _____ Phone: _____ ext: _____

Legal Entity: Sole Proprietorship Corporation Partnership Other (Explain): _____

Part E: Annual Fee Information

Please estimate your annual drycleaning solvent purchases for the first twelve (12) month period and enter this amount below.

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.

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.

Chlorine-based solvent: _____ gallons Petroleum-based solvent with reclaimer: _____ gallons

Green solvent: _____ gallons Petroleum-based solvent without reclaimer: _____ gallons

Part F: Drycleaning Solvent Supplier Information

Supplier Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Contact: _____ Phone: _____ ext: _____

Illinois Supplier Business License #: DC- _____

- 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 would need to be provided.

BY SIGNING BELOW, 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.
- ALL HAZARDOUS WASTE STORED AT THE DRYCLEANING FACILITY IDENTIFIED IN THIS APPLICATION IS STORED IN ACCORDANCE WITH APPLICABLE FEDERAL AND STATE LAW AND REGULATIONS.
- ALL HAZARDOUS WASTE TRANSPORTED FROM THE DRYCLEANING FACILITY IDENTIFIED IN THIS APPLICATION IS TRANSPORTED IN ACCORDANCE WITH ALL APPLICABLE FEDERAL AND STATE LAWS AND REGULATIONS.
- 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 this form to: Illinois EPA Mail Code #24, P.O. Box 19276, 1021 North Grand Avenue East Springfield, Illinois 62794-9276