



STARK COUNTY HEALTH DEPARTMENT

4424 US Hwy 34, Kewanee, IL 61443
309-852-3115
www.henrystarkhealth.com

Public Health
Prevent. Promote. Protect.

APPLICATION FOR A STARK COUNTY HORIZONTAL OPEN TRENCH CLOSED LOOP HEAT EXCHANGE SYSTEM CONTRACTOR REGISTRATION

(Please Print)

I. Name of Applicant: _____

Mailing Address: _____

City, State, Zip: _____

II. Name of Business: _____

Mailing Address: _____

City, State, Zip: _____

Business Phone Number: () _____

Cell Phone Number: () _____

Fax Number: () _____

E-mail Address: _____

III. The applicant hereby agrees and acknowledges that he/she fully understands that the contractor's registration must be on file with the Stark County Health Department before work begins, in accordance with the Stark County Potable Water Ordinance Section IV. D. 2.

Signature of Applicant

Date

\$100.00 Fee Enclosed - Make check payable to the Stark County Health Department. All registrations for contractors expire on November 30th of the year of issue and must be renewed annually.

FOR OFFICE USE ONLY

Received by: _____

Amount Received: _____

Date Received: _____

Payment Method: _____

Paid by: _____