

**STATE OF ILLINOIS
DEPARTMENT OF AGRICULTURE**

**CERTIFICATE APPLICATION
2009 Firewood Importer's Certificate**

Firewood Importer Name & Address (please complete):

(Name)

(Address)

(City, State, Zip Code)

Mail application and fee payable to:

**Illinois Department of Agriculture
Bureau of Environmental Programs
P.O. Box 19281
Springfield, IL 62794-9281
(217) 785-2427 -- TDD # (217) 785-2427**

Fee: \$25.00

Please provide the address of **each** location where your imported firewood product is stored or handled (if additional space is needed, please attach separate sheet):

1.	_____	Illinois	_____
	(Storage or handling site name & street address)	(State)	(Zip Code)
2.	_____	Illinois	_____
	(Storage or handling site name & street address)	(State)	(Zip Code)
3.	_____	Illinois	_____
	(Storage or handling site name & street address)	(State)	(Zip Code)
4.	_____	Illinois	_____
	(Storage or handling site name & street address)	(State)	(Zip Code)
5.	_____	Illinois	_____
	(Storage or handling site name & street address)	(State)	(Zip Code)
6.	_____	Illinois	_____
	(Storage or handling site name & street address)	(State)	(Zip Code)

I (We) import firewood for (check all that apply):

_____ Wholesale distribution
 _____ Retail sales
 _____ Other (please describe): _____

Contact Person: _____	Company telephone number: (_____) _____
E-mail address: _____	Cellular or secondary telephone number: (_____) _____
FEIN/SSN: _____	IBT # (Sales Tax) : _____
_____ (signature)	_____ (date)

Note: Please include all fees with your application and retain a copy for your records.

This agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 505 ILCS 90/1 et seq. Failure to provide this information shall prevent this form from being processed. This form has been approved by the state forms management center.

For Office Use Only:	
Date Received :	_____
Check # :	_____
Amount :	_____
Certificate # :	_____
Certificate issue date :	_____