



Division of Environmental Services
Food and Environmental Programs

APPLICATION FOR PORTABLE SANITATION SYSTEM
Submit this application with check for \$50 payable to:
Saint Louis County Department of Public Health
6121 North Hanley Road, Berkeley, MO 63134
No refunds will be given to a vendor for failure or inability to participate at a scheduled event.

Please Print Date _____

Section 1:

Event Name _____

Event Coordinator Name _____ Event Coordinator Phone _____

Event Address _____

Event Beginning Date ____/____/____ Event Ending Date ____/____/____

Are foods or beverages being served at this event? (Please circle) Yes or No
If yes, please contact us for information regarding whether a temporary event food permit would be required.

Section 2:

Applicant Name _____

Applicant Address _____

City, State, Zip _____ Phone (____) _____

E-Mail: (We email all permits unless otherwise requested) _____

Section 3:

Number of Non-sewered Toilets: _____ Location _____

Number of non-sewered (portable) Handwashing Sinks: _____ Location _____

Supplier of Portable Units (must be a licensed hauler in St. Louis County): _____

Supplier Address: _____

Location of storage and disposal: _____

Maintenance Schedule of Portable Units: _____

Applicant's Signature _____ Date _____

Public Health Satellite Offices:

CENTRAL
6121 N. Hanley Rd.
Berkeley, MO 63134
Phone: 314.615.8900
Fax: 314.615.8951

NORTH
715 Northwest Plaza Dr.
St. Ann, MO 63074
Phone: 314.615.7469
Fax: 314.615.7439

SOUTH
4562 Lemay Ferry Rd
St. Louis, MO 63129
Phone: 314.615.4027
Fax: 314.615.4008

WEST
74 Clarkson Wilson Ctr
Chesterfield, MO 63017
Phone: 314.615.0929
Fax: 314.615.0925