



## Portable Sanitation System Application

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

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?  Yes  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 Number: \_\_\_\_\_ Email: \_\_\_\_\_

**We email all permits unless otherwise requested.**

### Section 2

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

#### North

715 Northwest Plaza Dr  
St. Ann, MO 63074  
o: (314) 615-7469  
f: (314) 615-7439

#### South

4562 Lemay Ferry Rd  
St. Louis, MO 63129  
o: (314) 615-4027  
f: (314) 615-4008

#### West

74 Clarkson Wilson  
Chesterfield, MO 63107  
o: (314) 615-0929  
f: (314) 615-0925

#### Central

6121 N Hanley Rd  
Berkeley, MO 63134  
o: (314) 615-8900  
f: (314) 615-8951