CITY OF CARROLLTON APPLICATION FOR LIQUID WASTE TRANSPORTATION PERMIT

APPLICATIO	N FOR LIQUID	WASTE TRANSPORTATION	PERMIT
BUSINESS NAME		TCEQ REGISTRAT	'ION NO
PHYSICAL ADDRESS BUSINESS PHONE			
MAILING ADDRESS (IF DIFFERE	ENT)		
CITY		STATE	ZIP CODE
OWNER		HOME PHONE	
EMERGENCY PHONE			
MGR. OF OPERATIONS DRIVERS LICENSE NO(PROVIDE COPY)			
REGISTERED AGENT (COMPLETE NAME), ADDRESS, AND PHONE NUMBER			
PROVIDE THE FOLLOWING SPECIFIC INFORMATION ON THE VEHICLES TO BE PERMITTED			
OFFICIAL USE ONLY			
. INSPECTED & PERMIT . TRU	JCK		LICENSE CAPACITY
APPROVED BY NUMBER NUM	BER YEAR MAKE	VIN NUMBER	PLATE NO. GALLONS
			den.
	- 		
USE ADDITIONAL SHEETS IF NECESSARY			
INDICATE LIQUID WASTE TO BE TRANSPORTED:GREASE TRAPGRIT TRAPSEPTAGE			
WASHWATEROTHER LIQUID WASTE			
TOTAL NUMBER OF VEHICLES IN YOUR FLEET TOTAL TO BE PERMITTED IN CARROLLTON			
LIST PERMITTED DISPOSAL SITE(S) TO BE USED, CONTACT PERSON, ADDRESS, AND PHONE NUMBER			
1.			
2			
3			
4			
I, THE UNDERSIGNED, HEREBY MAKE APPLICATION TO TRANSPORT LIQUID WASTE IN THE CITY OF CARROLLTON, TEXAS, AND DECLARE TO ACCEPT AND ABIDE BY ALL PETINANET ORDINACES AND REGULATIONS IN THE CITY OF CARROLLTON, TEXAS. I UNDERSTAND THAT FALSIFICATION OF ANY INFORMATION SUBMITTED IN THIS APPLICATION SHALL BE CAUSE FOR TERMINATION OF THE LIQUID WASTE TRANSPORTATION PERMIT, AND THAT EACH PERMIT SHALL BE RENEWED ON AN ANNUAL BASIS.			

SIGNATURE OF APPROVING AUTHORITY (DATE)

SIGNATURE OF OWNER/MANAGER (DATE)