



*Working for Healthy Communities*

# Liquid Waste Operation Permit Application

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Owner Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## Collection Vehicles

Year	Make	Model	Plate #	Capacity

**Disposal Facilities:** (proof of permission must be included with initial application)

\_\_\_\_\_

*In consideration of granting said permit, I hereby agree to comply with the Liquid Waste Operation requirements, including applicable state and local ordinances, and specifically waive all objections thereto. I understand that any violation of this application agreement may result in suspension, revocation, or non-renewal of said permit.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Note: It is recommended that this application be accompanied by a surety bond.

Office Use Only			
<b>Permit Fee: \$220</b>	Amount Paid: _____	Receipt #: _____	Date Received: _____
Received by: _____ Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check #: _____ <input type="checkbox"/> Credit Card			