



PERMIT APPLICATION
SEPTAGE/DOMESTIC WASTE

VEHICLE INFORMATION

VEHICLE NO.	LICENSE NO.	CAPACITY	STATE (ABBREV.)
1.			
2.			
3.			

(use additional sheet, if necessary)

BUSINESS SUMMARY

1. NUMBER OF YEARS EXPERIENCE IN DOMESTIC (SEPTAGE) WASTE DISPOSAL: _____
2. LIST FULL NAMES & TITLES OF PRINCIPALS:
 - (A) _____
 - (B) _____
 - (C) _____
3. LIST NAMES, ADDRESSES & TELEPHONE NUMBERS OF BUSINESS REFERENCES:
 - (A) _____
 - (B) _____
 - (C) _____
4. APPLICANT'S FULL BUSINESS NAME: _____
5. APPLICANT'S FULL BUSINESS ADDRESS: _____
6. APPLICANT'S FULL **BILLING ADDRESS** (IF DIFFERENT FROM #5, ABOVE): _____
7. APPLICANT'S BUSINESS TELEPHONE NUMBER: (_____) (FAX # _____)
8. NAME OF CONTACT PERSON: _____
 EMAIL ADDRESS: _____

ATTEST:

Dated _____, _____

(SECRETARY/ASSISTANT SECRETARY)

(SIGNATURE OF APPLICANT)

[Affix
CORPORATE
SEAL]

WITNESS:

(PARTNERSHIP-APPLICANT)

*BY _____ Partner
*BY _____ Partner
*BY _____ Partner

*Attach an appropriate authorization evidencing the authority of one general partner to act in behalf of a partnership.

WITNESS:

(SIGNATURE OF INDIVIDUAL)
Trading & doing business as: