



**APPLICATION FOR LIQUID WASTE TRANSPORTATION PERMIT**

BUSINESS NAME: \_\_\_\_\_ TDH REGISTRATION NO. \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ BUSINESS TELEPHONE: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 NAME OF OWNER: \_\_\_\_\_ HOME TELEPHONE: \_\_\_\_\_  
 MANAGER OF OPERATIONS: \_\_\_\_\_ TITLE: \_\_\_\_\_  
 MGR DRIVERS LICENSE NUMBER: \_\_\_\_\_ EMERGENCY TELEPHONE: \_\_\_\_\_  
 PARENT COMPANY NAME, TEXAS INCORPORATION NO. ADDRESS AND PHONE (IF APPLICABLE) \_\_\_\_\_

**PROVIDE THE FOLLOWING SPECIFIC INFORMATION ON THE VEHICLE TO BE PERMITTED**

YEAR	MAKE	CAPACITY IN GALLONS	LICENSE PLATE NO.	INSPECTED & APPROVED BY	VEHICLE PERMIT NO.	AMOUNT FEE

(ATTACH COLOR PHOTOGRAPH OF VEHICLE)

INDICATE LIQUID WASTE TO BE TRANSPORTED.

\_\_\_\_\_ GREASE TRAP WASTE \_\_\_\_\_ GRIT TRAP WASTE \_\_\_\_\_ SEPTAGE

IDENTIFY TOTAL NUMBER OF VEHICLES TO BE PERMITTED IN YOUR FLEET \_\_\_\_\_

IDENTIFY PERMITTED DISPOSAL SITE OR SITES TO BE USED, AND LIST CONTACT PERSON, ADDRESS, TELEPHONE

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I, the undersigned, hereby make application to transport liquid waste in the Town of Addison, Texas, and declare to accept and abide by all pertinent ordinances and regulations in the Town of Addison, Texas. I understand that falsification of any information submitted in the 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 OWNER/MANAGER (DATE) SIGNATURE OF APPROVING AUTHORITY (DATE)