

**CITY OF RICHARDSON
LIQUID WASTE TRANSPORTATION
PERMIT APPLICATION**

Health Department
411 W. Arapaho Rd. Rm. 107
P.O. Box 830309
Richardson, TX 75083-0309
(972) 744-4080

Business Name: _____ TCEQ Registration No.: _____

Address: _____ Business Phone: _____

City: _____ State: _____ Zip: _____

Name of Owner: _____ Home Phone: _____

Manager of Operations: _____ Emergency Phone: _____

Manager's Driver's License No.: _____

Parent Company Name, Texas Incorporation No., Address and Telephone (if applicable):

Provide the following information on vehicle to be permitted:

Year	Make	Gallons	License Plate No.	Vehicle Permit No.	Fee	VIN
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Indicate Liquid Waste to be Transported:

____ Grease Trap ____ Grit Trap ____ Chemical ____ Toilet ____ Septage

Identify permitted disposal facility(s) to be used, and list contact person, address and phone number.:

1. _____
2. _____
3. _____
4. _____
5. _____

I, the undersigned, hereby make application to transport liquid waste in the City of Richardson, Texas, and declare to accept and abide by all pertinent ordinances and regulations in the City of Richardson, 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

Signature of Approving Authority

Date

Date