



# Liquid Waste Transport Application

## Company Information

|  |                 |                      |     |
|--|-----------------|----------------------|-----|
| Business Name  |                 | TDH Registration No. |     |
| Address  | City            | State                | Zip |
| Manager of Operations  |                 | DL Number and State  |     |
| Business No.   | Emergency No. 1 | Emergency No. 2      |     |
| Name of Owner  |                 | Owner's No.          |     |
| Parent Company Name, Incorporation No., Address, and Phone (If Applicable) |                 |                      |     |

## Permitted Vehicles (Note: First Truck \$100.00 and Each Additional is \$50.00)

(Inter Office Use Only)

| Year | Make | Gallons | Plate | Vin | Inspected | Photos Available | Permit # |
|------|------|---------|-------|-----|-----------|------------------|----------|
|      |      |         |       |     |           |                  |          |
|      |      |         |       |     |           |                  |          |
|      |      |         |       |     |           |                  |          |
|      |      |         |       |     |           |                  |          |

## Liquid Waste to Be Transported

Grease Traps  Grit Waste  Septage  Other \_\_\_\_\_

## Disposal Site Information

|               |      |              |     |
|---------------|------|--------------|-----|
| Business Name |      | Contact Name |     |
| Address       | City | State        | Zip |

|               |      |              |     |
|---------------|------|--------------|-----|
| Business Name |      | Contact Name |     |
| Address       | City | State        | Zip |

I, understand, hereby make application to transport liquid waste in the City of Lake Worth, Texas, and declare to accept and abide by all pertinent ordinances and regulations, in the City of Lake Worth, Texas. I understand that falsification of any information submitted on the application shall result in termination of the liquid waste transportation permit. I understand that it is my responsibility to renew each permit on an annual basis.

\_\_\_\_\_  
Signature (Owner / Manager)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Inter-office use

Total Amount Due: \_\_\_\_\_  Cash  Check # \_\_\_\_\_  Money Order # \_\_\_\_\_

Receipt # \_\_\_\_\_ Entered by: \_\_\_\_\_

Permit Expires on: \_\_\_\_\_