

**CITY OF LAKE WORTH
APPLICATION FOR LIQUID WASTE TRANSPORTATION**

Business Name		TDH Registration Number	
Address		City	State Zip Code
Manager of Operations		Title	
MGN Driver License Number and State	Business Telephone Number	Emergency Telephone Number	
Name Of Owner		Home Telephone	
Parent Company Name, Incorporation No. Address and Phone (If Applicable)			

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

YEAR	MAKE	GALLONS	PLATE #	(Inter Office Only)		FEE
				APPROVED BY	PERMIT #	

PLEASE PROVIDE COLOR PHOTOS FOR ALL VEHICLES YOU WISH TO PERMIT

Indicate Liquid Waste To Be Transported.

- Grease Trap Waste
 Grit Waste
 Septage

Identify Total Number of Vehicle to Be Permitted In Your Fleet _____

Identify Permitted Disposal Site or Sites To Be Used, Contact Person, Address, and Telephone.

Company	City	Contact Person	Telephone Number

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 of Owner/Manager Date

Signature of Approving Authority Date