CITY OF CELINA
APPLICATION FOR LIQUID WASTE TRASPORTATION PERMIT

TCEQ REGIST. NO. _____ TODAY'S DATE: _____
BUSINESS NAME: _____BUSINESS PHONE_____
PHYSICAL ADDRESS _____

MAILING ADDRESS (IF DIFFERENT) _____

CITY _____ STATE _____ ZIP _____

OWNER _____ HOME PHONE _____

EMERGENCY PHONE _____

MGR. OF OPERATIONS _____ DRIVERS LICENSE NO. _____
(PROVIDE COPY)

REGISTERED AGENT (COMPLETE NAME), ADDRESS, AND PHONE NUMBER

PROVIDE THE FOLLOWING SPECIFIC INFORMATION ON THE VEHICLES TO BE PERMITTED

OFFICIAL USE ONLY

INSPECTED & APPROVED BY	PERMIT NUMBER	TRUCK NUMBER	YEAR	MAKE	VIN NUMBER	LICENSE PLATE NO.	CAPACITY GALLONS

USE ADDITIONAL SHEETS IF NECESSARY

INDICATE LIQUID WASTE TO BE TRANSPORTED: _____ GREASE TRAP _____ GRIT TRAP _____ SEPTAGE
_____ WASHWATER _____ OTHER LIQUID WASTE

TOTAL NUMBER OF VEHICLES IN YOUR FLEET _____ TOTAL TO BE PERMITTED IN CELINA _____

LIST PERMITTED DISPOSAL SITE(S) TO BE USED, CONTACT PERSON, ADDRESS, AND PHONE NUMBER

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

I, THE UNDERSIGNED, HEREBY MAKE APPLICATION TO TRANSPORT LIQUID WASTE IN THE CITY OF CELINA, TEXAS, AND DECLARE TO ACCEPT AND ABIDE BY ALL PERTINANT ORDINANCES AND REGULATIONS IN THE CITY OF CELINA, TEXAS. I UNDERSTAND THAT FALSIFICATION OF ANY INFORMATION SUBMITTED IN THIS APPLICATION SHALL BE CAUSE FOR TERMINATION OF THE LIQUID WASTE TRASPORTATION PERMIT, AND THAT EACH PERMIT SHALL BE RENEWED ON AN ANNUAL BASIS.

_____ _____

SIGNATURE OF OWNER/MANAGER (DATE) SIGNATURE OF APPROVING AUTHORITY (DATE)