

City of Longview

APPLICATION

For

SOLID WASTE COLLECTION AND TRANSPORTATION FOR COMMERCIAL AND INDUSTRIAL SERVICE

NAME OF APPLICANT: _____

ADDRESS OF APPLICANT: _____

PHONE NUMBER OF APPLICANT: _____

PROPOSED TRADE NAME OF APPLICANT: _____

The form of business of the applicant, and, if the business is a corporation or association, evidence of the authority of the person signing the application to represent the business;

NUMBER OF VEHICLES: _____

DESCRIPTION OF VEHICLES: *[attach additional pages if necessary]*

	VEHICLE TYPE	VIN #	LICENSE #	CAPACITY
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

11.				
12.				

Statement of the disposition to be made of the solid waste collected, including the site(s) where the solid waste will be deposited:

ATTACH APPLICANT’S CERTIFICATE OF LIABILITY INSURANCE.

I CERTIFY the foregoing information is true and correct as of this date:

By: _____

Type or print name

Capacity of signatory

STATE OF TEXAS

COUNTY OF GREGG

SWORN TO AND SUBSCRIBED before me on this _____ day of _____, 2015,
to certify which witness my hand and seal of office.

[seal]

Notary Public, State of Texas