

**City of Mesquite Health Division**  
**1515 N Galloway Ave**  
**Mesquite TX 75149**  
**Phone # 972-216-8138 / Fax # 972-216-6908**

**Application for Liquid Waste Transportation Permit**

Business Name \_\_\_\_\_ TCEQ Registration No. \_\_\_\_\_  
 Address \_\_\_\_\_ Business Telephone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Name of Owner \_\_\_\_\_ Home Telephone \_\_\_\_\_  
 Manager of Operations \_\_\_\_\_ Emergency Telephone \_\_\_\_\_  
 Driver's License No. \_\_\_\_\_ Email Address \_\_\_\_\_  
 Parent Company Name, Texas Incorporation No., Address & Phone (If applicable):  
 \_\_\_\_\_  
 \_\_\_\_\_

Provide the Following Specific Information on the Vehicle to be Permitted:

| Year | Make | Gallons | License Plate No. | Inspected & Approved By | Vehicle Permit No. | Fee |
|------|------|---------|-------------------|-------------------------|--------------------|-----|
|      |      |         |                   |                         |                    |     |

VIN # \_\_\_\_\_

Indicate Liquid Waste to be Transported:  
 \_\_\_\_\_ Grease Trap Waste      \_\_\_\_\_ Grit Trap Waste      \_\_\_\_\_ Septage

Identify Total Number of Vehicles to be Permitted in Your Fleet: \_\_\_\_\_

Identify permitted Disposal Facility(s) to be Used, and List Contact Person:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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