



**CITY OF LAUREL  
OFFICE OF THE CITY CLERK  
401 N 5TH AVE LAUREL MS 39440  
(601) 428-6404**

# APPLICATION FOR LIQUID WASTE HAULER LICENSE

Date: \_\_\_\_\_

**Company Contact Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_ FAX: \_\_\_\_\_

ATTN: \_\_\_\_\_

\_\_\_\_\_  
Owner Signature DATE: \_\_\_\_\_

**LIST OF DRIVERS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TYPES OF WASTE:** (Check all that apply)

- Domestic/Residential Septage
- Restaurant Grease Traps
- Commercial/Industrial Wastewater
- Other: \_\_\_\_\_

**Provide information on all trucks used for waste hauling:** (Attach additional sheets if necessary)

VIN: \_\_\_\_\_ VIN: \_\_\_\_\_ VIN: \_\_\_\_\_

License #: \_\_\_\_\_ License #: \_\_\_\_\_ License #: \_\_\_\_\_

Tank Volume: \_\_\_\_\_ Tank Volume: \_\_\_\_\_ Tank Volume: \_\_\_\_\_

Each applicant must furnish proof of \$1 Million combined single limit automobile liability insurance.

**Attach insurance certificate stating coverage and listing the City of Laurel and Veolia as additional insured.**

**MAILING INSTRUCTIONS:**

Send application and insurance certificate to:

**CITY OF LAUREL  
ATTN: CITY CLERK OFFICE  
401 N 5TH AVE  
LAUREL MS 39440**