



The City of Laurel Mississippi

Post Office Box 647
Laurel, Mississippi 39441

CITY OF LAUREL / UNITED WATER

APPLICATION FOR LIQUID WASTE HAULER LICENSE

COMPANY NAME: _____ DATE: _____

ADDRESS: _____

SIGNATURE OF
OWNER'S NAME: _____ CONTACT PERSON: _____

TELEPHONE #: _____ FAX #: _____ EMAIL: _____

Provide names of all drivers who will
deliver waste to the city's treatment
plant:

Type of Wastes to Be Hauled (*√ all that apply*)

- Domestic / Residential Septage
 Restaurant Grease Traps
 Commercial/Industrial Wasterwaters
 Other (Please Describe)

Provide information on all trucks used for waste hauling:

1.) VIN: _____ 2.) VIN: _____ 3.) VIN: _____
License Plate #: _____ License Plate #: _____ License Plate #: _____
Tank Volume : _____ Tank Volume : _____ Tank Volume : _____

(Attach additional sheets if necessary)

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 United Water as additional insured.**

MAILING INSTRUCTIONS

1. Send the application to: Mrs. Lauren Stewart
City of Laurel
Post Officer Box 647
Laurel, MS 39441

2. Send the application and insurance certificate to the above address.