



**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**