

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH SERVICES
DEPARTMENT FOR PUBLIC HEALTH

To operate a business for the servicing or maintaining of and/or vehicle used to transport or carry wastes from septic tanks, cesspools, or seepage pits.

APPLICATION FOR A PERMIT/LICENSE

PERMIT NO: _____

COUNTY NAME: _____

NO PERSON SHALL OPERATE SUCH A FACILITY WITHOUT A PERMIT

IF ANY QUESTIONS CONTACT:

BONDED BY: _____

PERMIT FEE \$ _____ VEHICLE FEE \$ _____ TOTAL DUE \$ _____

PRIOR TO BUSINESS LICENSE SURETY BOND ATTACHED

RETURN APPLICATION AND MAKE CHECK PAYABLE TO:

NAME OF BUSINESS _____

OWNER _____

STREET _____

CITY _____ STATE _____ ZIP CODE _____

LOCATION OF ESTABLISHMENT IF DIFFERENT FROM MAILING ADDRESS;

PURSUANT TO KRS:211.972-211.982

STREET _____

CITY _____ STATE _____ ZIP CODE _____

INVOICE NO. _____

ANY CHANGE IN INFORMATION, PLEASE CORRECT:

VEHICLE: MAKE _____
MODEL _____
YEAR _____
CAPACITY _____

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FEE MUST ACCOMPANY APPLICATION

CASH CHECK MONEY ORDER

SIGNATURE OF APPLICANT _____

DATE _____