



**APPLICATION FOR LICENSE TO OPERATE
SEWAGE REMOVAL SERVICE**
Fulton County Board of Health
Environmental Health Services Division

**BUSINESS
INFORMATION**

Name: _____

Address: # _____ Street _____ Room/Suite _____ City _____ State _____ Zip Code _____

Telephone #: _____ Fax#: _____ Email: _____

**OWNER
INFORMATION**

Name: _____ Title: _____

Address: # _____ Street _____ Room/Suite _____ City _____ State _____ Zip Code _____

Telephone #: _____ Fax#: _____ Email: _____

**LICENSEE
INFORMATION**

Name: _____

Address: # _____ Street _____ Room/Suite _____ City _____ State _____ Zip Code _____

Work #: _____ Cell #: _____

Email: _____ Fax #: _____

I, _____, certify that all information given in this application is true and correct
Licensee Name (Print)
to the best of my knowledge. I further understand and agree to comply with Fulton County Code of Ordinances and Code of Resolutions, Chapter 34, Health and Sanitation, Article XI, "Sewage Disposal", as a licensee to operate a sewage removal service in Fulton County. If a permit is issued, it is non-transferable and is valid until it is surrendered, suspended or revoked or expired. Preferred Contact Method: enohpeT ٱف Email ٱف Fax

Licensee Signature Title Date

===== **EHS Use Only** =====

Fee Amount: _____ Date of Remittance: ____/____/____ Check/M.O. #: _____ Receipt #: _____

Initial Permit Date: ____/____/____ License Expiration Date: ____/____/____ License # _____

District Assignment: _____ Service Code: _____ Control #: _____

EHS Staff Date of Issuance