



APPLICATION FOR LICENSE TO OPERATE
NON-SEWERED TOILET SERVICE
Fulton Board of Health
Environmental Health Services Division

BUSINESS INFORMATION

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

Address: # \_\_\_\_\_ Street \_\_\_\_\_ Room/Suite \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax#: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Service(s): [ ] Holding Tank [ ] Chemical Toilet

OWNER INFORMATION

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

Address: # \_\_\_\_\_ Street \_\_\_\_\_ Room/Suite \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax#: \_\_\_\_\_ Email: \_\_\_\_\_

PERMIT HOLDER 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 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: xaf liame f enohpeT f

Permit Holder Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

EHS Use Only

Fee Amount: \_\_\_\_\_ Date of Remittance: \_\_\_\_/\_\_\_\_/\_\_\_\_ Check/M.O. #: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Initial Permit Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ License Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ License # \_\_\_\_\_

District Assignment: \_\_\_\_\_ Control #: \_\_\_\_\_ Service Code: \_\_\_\_\_

EHS Staff \_\_\_\_\_ Date of Issuance \_\_\_\_\_