



Cheyenne
**Laramie County
Public Health**

Division of Environmental Health
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Cheyenne, WY. 82007
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NON-HAZARDOUS LIQUID WASTE HAULERS

LICENSE APPLICATION

PLEASE PRINT

A) APPLICATION: (Please make check payable to "ENVIRONMENTAL HEALTH").

Please check appropriate category: New Fee: (\$384.00) _____ Renewal Fee: (\$190.00) _____
Individual _____ Corporation _____ Firm _____

B) NAME OF BUSINESS: _____ PHONE: () _____ (cell/home)
BUSINESS ADDRESS: _____
CITY: _____ ST: _____ ZIP: _____

C) If a corporation or firm, give the proper corporation/firm name, agent for service, and corporation/firm officers: _____

PLEASE INDICATE YOUR VEHICLE(S) Vin NUMBER(S): _____

PLEASE INDICATE YOUR VEHICLE(S) "S" NUMBER(S): _____

D) NAME OF APPLICANT: _____ PHONE: () _____
MAILING ADDRESS: _____
CITY: _____ ST: _____ ZIP: _____

EMAIL ADDRESS: _____

E) THE APPLICANT CERTIFIES THAT HE/SHE IS FULLY ACQUAINTED WITH THE LARAMIE COUNTY SMALL WASTEWATER SYSTEMS REGULATIONS, SECTION 17, AND WILL CONDUCT THE BUSINESS IN COMPLIANCE WITH THE REGULATIONS.

DATE: ____/____/____ APPLICANT'S SIGNATURE: _____

NOTE: CURRENT PROOF OF INSURANCE MUST BE SUBMITTED WITH APPLICATION.

ACTION BY HEALTH AUTHORITY: _____

DATE: ____/____/____ AUTHORITY SIGNATURE: _____