



SOLID WASTE DEPARTMENT
COMMERCIAL GARBAGE SERVICE LICENSE APPLICATION

802 East Oak Street, PO Box 255, Weatherford, TX 76086
(817) 598-4145; FAX (817) 598-4238

I. BUSINESS CONTACT INFORMATION

Applicant Name: _____

Parent Company Name: _____

Legal Status: Partnership Corporation Other _____

Tax ID Number: _____ FEIN or Social Security Number: _____

Mailing Address: _____

Physical Address: _____

Phone Number: _____ 24-hour Access Phone Number: _____

Email Address: _____ Website: _____

Hours of Operation: _____

II. APPLICATION DATE AND TYPE

Date: _____ New Application Renewal Application

III. REQUIRED ATTACHMENTS

Provide the following information as separate pages attached to this application:

1. List of all vehicles and equipment to be used in the City of Weatherford to include the following information: (1) Vehicle Year, (2) Vehicle Make, (3) Vehicle Color, (3) Vehicle Identification Number, (4) License Plate Number, (5) DOT Number, (6) Date of Last DOT Inspection
2. List of all locations where garbage will be disposed to include the following information: (1) Landfill or Transfer Station, (2) Transfer Station Address (if applicable), (3) Transfer Station Permit Number (if applicable), (4) Final Destination Landfill Address, (5) Landfill Permit Number
3. Proof of insurance in sufficient amounts to meet the following requirements:

