



6. Identify whether Applicant is an individual, partnership, corporation or

limited liability company: \_\_\_\_\_

7. State the names, addresses and telephone numbers of (a) in the case of a partnership, at least three general partners unless there are fewer, in which case the names, addresses and telephone numbers of all general partners shall be stated together with those of limited partners; (b) in the case of a corporation, the President, Secretary, Treasurer and any local manager; and (c) in the case of a limited liability company, three members of the company except that if the management is vested in managers, the names, addresses and telephone numbers of the manager or managers of the company shall be stated.

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Address: \_\_\_\_\_  
Street and Number City State Zip

Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Address: \_\_\_\_\_  
Street and Number City State Zip

Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Address: \_\_\_\_\_  
Street and Number City State Zip

Telephone Number: \_\_\_\_\_

**Local Manager/Point of Contact**

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Address: \_\_\_\_\_  
Street and Number City State Zip

Telephone Number: \_\_\_\_\_

**Billing Contact**

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Address: \_\_\_\_\_  
Street and Number City State Zip

Telephone Number: \_\_\_\_\_

8. Please identify all vehicles to be used in the business or for the transport of septic waste or wastewater. You must attach both a Certificate of Inspection and a Tank Capacity Verification for each vehicle. (Attach additional sheets if needed for more vehicles)

**Vehicle #1**

Vehicle Make and Model: \_\_\_\_\_

Model Year: \_\_\_\_\_

Vehicle Identification No. (VIN): \_\_\_\_\_

License Plate No.: \_\_\_\_\_

Color of Vehicle and Tank: \_\_\_\_\_

Lettering on Sides: \_\_\_\_\_

Tank Capacity: \_\_\_\_\_

Certificate of Inspection Attached:  Expiration: \_\_\_\_\_

Tank Capacity Verification Attached:

**Vehicle #2**

Vehicle Make and Model: \_\_\_\_\_

Model Year: \_\_\_\_\_

Vehicle Identification No. (VIN): \_\_\_\_\_

License Plate No.: \_\_\_\_\_

Color of Vehicle and Tank: \_\_\_\_\_

Lettering on Sides: \_\_\_\_\_

Tank Capacity: \_\_\_\_\_

Certificate of Inspection Attached:  Expiration: \_\_\_\_\_

Tank Capacity Verification Attached:

**Vehicle #3**

Vehicle Make and Model: \_\_\_\_\_

Model Year: \_\_\_\_\_

Vehicle Identification No. (VIN): \_\_\_\_\_

License Plate No.: \_\_\_\_\_

Color of Vehicle and Tank: \_\_\_\_\_

Lettering on Sides: \_\_\_\_\_

Tank Capacity: \_\_\_\_\_

Certificate of Inspection Attached:  Expiration: \_\_\_\_\_

Tank Capacity Verification Attached:

9. Address where vehicle(s) will be stored or parked when not in use:

\_\_\_\_\_  
Street and Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State Zip

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**Worker's Compensation Waiver for Sole Proprietor business**

I, \_\_\_\_\_, as sole owner/operator of  
Name

\_\_\_\_\_  
Company Name

Do not have any employees, and therefore I am requesting to be exempted from carrying worker's compensation. I understand that at any time in the future if I employ another individual, I must provide Worker's Compensation Insurance Coverage as required by the State of Colorado and furnish the City of Pueblo Wastewater Department with a certificate of insurance.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

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**Authorization to discharge septic waste to James R. DiIorio Water Reclamation Facility receiving station. (REQUIRED)**

By submission of this application and signature, Applicant agrees to comply with all provisions of Chapters 6, 7, 8 and 10 of Title XVI of the Pueblo Municipal Code and to promptly pay all sewer user and high strength surcharge fees charged to Applicant in connection with discharge to City's wastewater treatment system.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

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**(REQUIRED)**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitted false information, including the possibility of fine and imprisonment for knowing violations.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title/Position

\_\_\_\_\_  
Date