## LICENSE FOR SEWAGE HAULER AND OLDS HAULER

Date		
Business Name:		Phone #
Address:		
Email Address:		
Person Applying:		
Number of Trucks:	Tank Size:	Years in Business:
State License:	Experience	e:
2. PA DEP Reside 3. Liability Insural shall be effective Township as the 4. Workman's Constant of the Early Certify Township as the 4. Workman's Constant of the Early Certify Township and the Early Certify Township an	ential Septic Hauler Registration nee policy – minimum One Maye for one (1) year from the date certificate holder.  Impensation Certificate.  In the amount of \$200.00. The Total payable to Upper Makefil and CLD license.  In the amount of \$200.00 are the payable to Upper Makefil and CLD license.  In the registers we will also an and procedures of this passes of the payable to Upper Makefil and CLD license.  In the sewage for the payable to Upper Makefil and CLD license.  In the sewage hauler of the payable to the p	Itillion Dollars \$1,000,000.00 which policy ate of application with Upper Makefield Cownship accepts Visa, MasterCard, American Express, eld Township.  RUE: flow. evice and light to check tanks without entering them.  with the Township shall agree in writing to
		Signature of Applicant