CITY OF FORT WORTH

MOBILE COMMERCIAL COSMETIC CLEANING (*POWER WASH*) APPLICATION

PLEASE PRINT OR FILL IN ELECTRONICALLY

TODAY'S DATE:_____

FIRM NAME: _____

OWNER'S NAME(S):_____

ADDITIONAL CONTACTS:_____

LOCATION ADDRESS:_____
STREET CITY/STATE ZIP

MAILING ADDRESS:_____
STREET CITY/STATE ZIP

BUSINESS TELEPHONE: _____ **FAX:** _____

EMAIL ADDRESS: _____

NO. OF EMPLOYEES:_____ **NO. OF VEHICLES CONTAINING WASH UNITS:**_____ **NO. OF WASH UNITS:**_____

LICENSE NUMBER(S) OF VEHICLE(S) CONTAINING WASH UNITS (*ADD ADDITIONAL ON BACK IF NEEDED*):

1._____ **2.**_____ **3.**_____

4._____ **5.**_____ **6.**_____

LICENSE NUMBER(S) OF TRAILER(S) CONTAINING WASH UNITS (*ADD ADDITIONAL ON BACK IF NEEDED*):

1._____ **2.**_____ **3.**_____

4._____ **5.**_____ **6.**_____

IS A RECYCLE UNIT USED? ☐ **YES** ☐ **NO**

IF YES: TYPE OF RECYCLE UNIT: ☐ **8 HOUR** ☐ **16 HOUR** ☐ **OTHER**

ADDRESS OF DISCHARGE POINT:_____
STREET CITY/STATE ZIP

ADDITIONAL DISCHARGE POINTS:_____

TYPE OF DISCHARGE POINT(S) (I.E., CLEAN-OUT STUB, SAND/GRIT TRAP, CLARIFIER, FLOOR DRAIN, SINK, ETC.) PLEASE DESCRIBE:_____

FOR OFFICE USE ONLY:

TAG NO_____ **RC NO.**_____ **PERMIT NO:**_____
TAG NO_____ **RC NO.**_____
TAG NO_____ **RC NO.**_____
TAG NO_____ **RC NO.**_____