



GARLAND

HEALTH

1720 Commerce Street
Garland, TX 75040

Mailing Address

P.O. Box 469002
Garland, TX 75046
(972) 205-3460
(972) 205-3505 Fax

UNDERGROUND STORAGE TANK PERMIT APPLICATION

FACILITY INFORMATION

CITY OF GARLAND OFFICE USE ONLY

Fee: \$200 for 2 years

Permit: _____ Amt Pd _____

Issue Date: _____

Exp. Date: _____

Date Mailed _____

Renewal Mgr Change New

REC'D BY/RECEIPT #: _____

Facility Name: _____

Facility Address: _____

Facility Address: _____

Facility Phone: () _____

Total Number of Dispensers _____

Total Number of Tanks _____

TCEQ I.D. # _____

Delivery Certificate Expiration Date _____

Owner Name: _____

Owner Mailing Address: _____

If manager is not business owner, list name(s), address(es), and phone number(s) of owner(s), franchise holder(s), corporate supervisor(s), area manager or other responsible party:

Where would you like this application to be mailed to next permit period: Name: _____

Address: _____ Zip: _____

MANAGER INFORMATION

*Corporate representative cannot sign for the local store manager.
Permits will not be issued with corporate signature.*

ALL INFORMATION IN THIS SECTION MUST BE COMPLETED. FAILURE TO COMPLY MAY DELAY ISSUANCE/RENEWAL OF PERMIT.

Manager's Name: _____

Manager's Home Address: _____

Manager's Home Phone: _____

Texas Driver's License #: _____ Date of Birth: _____

Race: _____ Sex: _____

I certify that the information provided above is complete, true and accurate to the best of my knowledge. I will also abide by all provisions of the City of Garland Health Code to the best of my ability.

Manager's Signature: _____ Date: _____