



City of Marathon Sludge Hauler Registration Application

Please type or print legibly.

ALL INFORMATION MUST BE COMPLETED FOR ALL APPLICATIONS			
Company Name:		County:	Date:
Physical Street Address:		City:	State: Zip Code:
Mailing Address:		City:	State: Zip Code:
Phone Number:	Secondary/Fax Number:	E-Mail Address:	

2. Company Owner Information: (Required for new company or change in ownership.)			3. If Corporation: (Name, Address, Telephone Number & Fax Number.)		
Owner:			Name:		
Address:			Address:		
City:	State:	Zip Code:	City:	State:	Zip Code:
Phone Number:	Date Of Birth:		Phone Number:		
Social Security Number:			Fax Number:		

4. Insurance Information (This information is required, if not provided, the application will be returned.): Please attach copies		
Insurance Company Name:		
Policy Number:	Expiration Date:	Amount Of Coverage: \$
Broker's Name:		Phone Number:

5. Storage Yard (Complete If Applicable):					
Owners Name:			Address:		
Lot Size: (Length)	Width	(Fence Height)	City:	State:	Zip Code:

Disposal Facility to be used: _____

6. Vehicle Information: Please attach copies of Driver license						
Make/ Tank Size(In Gallons)	Model	Year	Color	License Plate #	Driver	Truck Registration Number (City Use Only)

Registration with City of Marathon Valid: _____ **to** _____ **Please renew by** _____ **(City Use Only)**

It is understood that in filing this application, I will comply with the rules and regulations established by the City of Marathon and I further certify that operations of vehicles shall be competent by reason of experience or by training as prescribed in the aforementioned rules and regulations. Additionally, operators are required to adhere to any pertinent state or federal motor carrier regulations. In filing the application, the applicant expressly agrees, under penalty of suspension or revocation of the applicants permit. All rules and regulations will be followed.

Name of Applicant (Please Print)

Signature of Applicant

Date

**NOTARY STATE OF FLORIDA,
COUNTY OF MONROE**

The foregoing instrument was acknowledged before me on this _____ day of _____, 20____, by

_____ who is personally known or who produced
_____ for identification.

Signature of Notary Public – State of Florida

My commission Expires: