



13. A copy of insurance certificate verifying the applicant has met the required liability insurance must be attached to the application.		
14. A copy of the applicant's sales tax permit issued by the State Comptroller of Public Accounts must be attached to this application.		
15. Please return this application, <b>together with the required permit fee</b> , by mail or hand-delivery to the Resource Recovery Division, 630 E Hopkins, San Marcos, TX 78666.		

I, \_\_\_\_\_ (owner) do hereby acknowledge and agree that any solid waste collected or transported within the City of San Marcos must and will be disposed of at a facility that is authorized by the Texas Commission of Environmental Quality to accept the type of solid waste that \_\_\_\_\_ (Company Name) has collected or transported under the permit issued under this application and dutifully understand and agree to abide by the provisions of all applicable ordinances, laws and regulations.

\_\_\_\_\_  
Owner or Authorized Representative Signature

\_\_\_\_\_  
Date

State of Texas  
County of \_\_\_\_\_

I \_\_\_\_\_, have applied to the City of San Marcos for a commercial solid waste collection permit, and swear and affirm that the information provided by me in this application is true and correct.

\_\_\_\_\_  
Owner or Authorized Representative Signature

\_\_\_\_\_  
Date

State of Texas  
County of \_\_\_\_\_

Before me, a Notary Public, on this day personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct.

(Personalized Seal)

\_\_\_\_\_  
Notary Public, State of Texas

**CITY USE ONLY**

The required Public Liability Insurance Policy is on file in the office of Neighborhood Enhancement-Resource Recovery.

\_\_\_\_\_  
City Staff

\_\_\_\_\_  
Date

This application is approved and the commercial solid waste collection permit is hereby issued for a period of one year to expire on \_\_\_\_\_ of each year, unless sooner revoked and rescinded.

\_\_\_\_\_  
Community Enhancement Initiatives Manager    Date

Date Received: \_\_\_\_\_    Permit #: \_\_\_\_\_

Application complete:        \_\_\_\_\_ Yes    \_\_\_\_\_ No

Approved:                        \_\_\_\_\_ Yes    \_\_\_\_\_ No    Notification Letter Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_