SANITARY DISPOSAL CONTRACTOR
LICENSE QUESTIONNAIRE

SDC License No _____ **SSL Truck License No(s)** _____
($56.00) ($221)

_____

Bring to: Johnson County Environmental Department
Sanitation Division
11811 South Sunset Drive - #2700
Olathe, Kansas 66061

Submitted for: Sanitary Disposal Contractor License (please provide all information below)

Business Name:_____ Phone #:_____

Address:_____

Email address:_____ Fax #:_____ Cell Phone #:_____

* Number of years in business as a sanitary disposal contractor:_____

*Will you be pumping sewage? Yes ___ No ____

* Will you be pumping grease interceptors? Yes ____ No ____

* Will you be pumping portable toilets? Yes ____ No_____

* Number of employees:_____

* Location of your sanitary disposal site(s) (Wastewater Treatment Plant name and location):

_____

_____

List below and describe Collection and Disposal Equipment Used

Year & Model	**Vehicle ID #**	**Equipment Description**	**Tank Capacity (gallons)**

SIGNATURE:_____ **DATE:**_____