



CITY OF HOLLISTER DEVELOPMENT SERVICES

Office Location: 327 Fifth Street Hollister, CA 95023
Phone (831) 636-4301 Fax (831) 634-4969

APPLICATION FOR ANNUAL LIQUID WASTE HAULER DISCHARGE PERMIT

Business Name: _____

Business Telephone Number: _____

Business Address: _____

Mailing Address: _____

Email Address: _____

Chief Executive Officer: _____

Daytime Telephone Number:() _____ Evening Number:() _____

REQUIRED DOCUMENTS: **PLEASE SUBMIT ALL DOCUMENTS REQUIRED BELOW INCOMPLETE PACKETS WILL BE RETURNED**

Copy of Automobile Insurance

-City of Hollister must be listed as additional insured on automobile insurance policy.

- Certificate of Insurance must be provided to the City of Hollister upon Insurance policy renewal.
- Must be provided each year with annual renewal application.

Copy of General Liability Insurance (Must be at least \$1,000,000)

- Certificate of Insurance must be provided to the City of Hollister upon Insurance policy renewal.
- Must be provided each year with annual renewal application

Copy of Workers Compensation Insurance (unless self-employed)

- Certificate of Insurance must be provided to the City of Hollister upon Insurance policy renewal.
- Must be provided each year with annual renewal application.

Copy of San Benito Co. Health Permit for each vehicle – Contact San Benito Co. Environmental Health for Inspection. Inspections MUST be provided each year. Expiration date MUST Cover full renewal year.

Copy of your current City of Hollister Business License

Annual Permit Fee \$100.00 payable to the City of Hollister

Account Must Be Paid In Full/Current

I have received and read the City of Hollister Liquid Waste Discharge Requirements and understand that the City may revoke my Liquid Waste Hauler Discharge Permit due to failure to comply with any rules, regulations or procedures contained within these requirements or posted at the Liquid Waste Receiving station.

Printed Name _____

Title _____

Signature _____

Date _____

(First Three Activation Cards at no cost; \$25.00 for each card thereafter).