

# TRUCK TRANSFER TERMINAL PERMIT APPLICATION

NAME OF APPLICANT: \_\_\_\_\_

(INDIVIDUAL, PARTNERSHIP, FIRM)

TRADE NAME: \_\_\_\_\_

RESIDENCE: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

(CORPORATION OR ASSOCIATION)

A CORPORATION OF THE STATE OF: \_\_\_\_\_

TYPE OF ASSOCIATION \_\_\_\_\_

PRINCIPAL OFFICE: \_\_\_\_\_

NAME AND ADDRESS OF REGISTERED

AGENT: \_\_\_\_\_

NAME AND ADDRESS OF PRINCIPAL OFFICERS (ONE MUST BE SECRETARY):

---

ADDRESS OF PROPERTY \_\_\_\_\_

NAME OF ADDRESS OF RECORD OWNER OF PREMISES TO BE  
LICENSED \_\_\_\_\_

NAME OF TENANT OR LESSEE: \_\_\_\_\_

AREA TO BE OCCUPIED IN THE CONDUCT OF THIS BUSINESS. IF PORTION, GIVE  
PARTICULARS, I.E. PLATFORM  
NUMBERS: \_\_\_\_\_

EXPLAIN THE NATURE OF GOODS, MERCHANDISE AND CHATTELS TRANSPORTED  
AND TRANSFERRED: \_\_\_\_\_

ARE EXPLOSIVES OR VOLATILE SUBSTANCES AND FLAMMABLE LIQUIDS OR  
MATERIALS STORED EN ROUTE? \_\_\_\_\_

APPLICANT SIGNATUURE: \_\_\_\_\_