

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 AND 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 SIGNATURE: _____