



CITY OF HOUSTON

Houston Health Department
Consumer Health
7427 Park Place Blvd
Houston, Texas 77087 (832) 393-5740

2020 BIOLOGICAL PRETREATMENT PERMIT APPLICATION

Submit the following 6 items to our office:

- Payment \$296.44 application fee plus \$29.64 admin fee
\$326.08
- Pg. 1 of the Biological Pretreatment Application
- Notarized Affidavit of Biological Pretreatment Manager Acknowledgement form
- A copy of the material safety data sheet for each product that will be utilized to render the biological pretreatment service.
- Photo copies of drivers licenses for ALL owners, managers and service employees
- Evidence of a comprehensive general liability insurance policy of \$250,000 per occurrence and \$500,000 aggregate. Additionally, each policy must contain an endorsement requiring 30 days' advance written notice of termination or cancellation to the health officer.



Mail or deliver applications:

City of Houston
HHD- Bureau of Consumer Health Services
7427 Park Place Blvd
Houston, TX 77087

Once your completed application is submitted the health officer shall either grant or deny the permit.

We accept checks, money orders or walk in credit card (Master Card, Visa or Discover)
Please make checks or money orders payable to: City of Houston
Payments are only valid for the current permitting year
Fees are subject to change

Questions should be directed to:

Transporter
Section

Office: 832.393.5704

Email: transporter@houstontx.gov



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The information on this application must be accurate and current for the new permit year. Failure to submit a complete and correct application could result in the delay or denial of the permit application. Please ensure that a response is made in each blank. All permits expire on January 31, 2021.

Section I Biological Pretreatment Service Company

Company Name: _____

Office Address: _____ State _____ Zip _____

Mailing Address: _____ State _____ Zip _____

Owner: _____ Driver's License# _____ State _____

Person Responsible: _____ Driver's License# _____ State _____

Email: _____ Alt Email: _____

Phone Number: _____ Alt Number: _____ Fax: _____

Does any of your chemicals have Surfactants, Solvents or Emulsifiers? Yes No

Owner Have you, your manager or any employee been convicted of any violations of this Article or the Solid Waste Laws in the previous three years? Yes No (If yes, explain)

Section II Biological Pretreatment Service Company Employee Information

List the names of authorized employees, Texas Driver's License (TDL) or Texas Personal Identification Card (TPIC) numbers, along with a photocopy of these documents, for each person(s) authorized to perform biological pretreatment service functions under the permit. The permit shall not be valid for the performance of biological pretreatment service functions by any person not listed. Attach a separate sheet of paper if necessary. Please notify our office of any changes in service employee status.

Name	TDL/PIC Number	Date of Birth

FOR OFFICE USE:

Permit Year 2020 Walked in Mailed

Method of Payment: Check Money Order Check / Money Order No. _____ Pymt Form Serial No. _____ App Fee _____

TDL Notarized Affidavit





Affidavit of Biological Pretreatment Permit Holder Acknowledgement

The above information is true, complete and accurate. I understand that submitting an incomplete or inaccurate application will result in the forfeiture of my application fee, and falsification of the information contained herein will result in the forfeiture of my biological pretreatment permit.

I have thoroughly read and fully understand that the use of surfactants, solvents and emulsifiers are prohibited and maybe subject to enforcement.

I understand that by signing this application I will be recognized as the person responsible for the company's compliance with Chapter 47 Article XI of the Code of Ordinances, Houston, Texas

Responsible Person: _____
(Print)

Affiant: _____
(Signature of Responsible Person)

Subscribe and sworn to before me by affiant this _____ day of _____ 20_____.

NOTARY PUBLIC in and for THE STATE OF _____
Ink notary stamps only. No embossed stamps.

Notary Signature _____

My commission expires: _____