



**GARLAND**  
HEALTH

1720 Commerce Street  
Garland, TX 75040

Mailing Address  
P.O. Box 469002  
Garland, TX 75046  
(972) 205-3460  
(972) 205-3505 Fax

# UNDERGROUND STORAGE TANK PERMIT APPLICATION

CITY OF GARLAND OFFICE USE ONLY

Fee: \$200 per address +  
\$30 each individual fuel dispenser

Permit: \_\_\_\_\_ Amt Pd \_\_\_\_\_

Issue Date: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Date Mailed \_\_\_\_\_

Renewal     Mgr Change     New

RECV'D BY/RECEIPT #: \_\_\_\_\_

## FACILITY INFORMATION

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_  
(Street No.) (Street Name)

Facility Address: \_\_\_\_\_ **Zip** \_\_\_\_\_  
(City) (State)

Facility Phone: ( ) \_\_\_\_\_

Total Number of Dispensers \_\_\_\_\_

Total Number of Tanks \_\_\_\_\_

TCEQ I.D. # \_\_\_\_\_

Delivery Certificate Expiration Date \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_  
City State Zip

If manager is not business owner, list name(s), address(es), and phone number(s) of owner(s), franchise holder(s), corporate supervisor(s), area manager or other responsible party:

Where would you like this application to be mailed to next permit period: Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

## MANAGER INFORMATION

**Corporate representative cannot sign for the local store manager.  
Permits will not be issued with corporate signature.**

ALL INFORMATION IN THIS SECTION MUST BE COMPLETED. FAILURE TO COMPLY MAY DELAY ISSUANCE/RENEWAL OF PERMIT.

Manager's Name: \_\_\_\_\_

Manager's Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Manager's Home Phone: \_\_\_\_\_

Texas Driver's License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_

*I certify that the information provided above is complete, true and accurate to the best of my knowledge. I will also abide by all provisions of the City of Garland Health Code to the best of my ability.*

Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_