

**2018 SANITARY DISPOSAL
LICENSE QUESTIONNAIRE**



CONTRACTOR

SDC License No _____
(\$75.00)

SSL Truck License No(s) _____
(\$260.00 per truck)

Bring to: Johnson County Department of Health and Environment
Sanitation Division
11811 South Sunset Drive, Suite 2700
Olathe, Kansas 66061

Submitted for: Sanitary Disposal Contractor License (please provide all information below)

Business Name: _____ Phone #: _____

Address: _____

Email address: _____ Fax #: _____ Cell Phone #: _____

* Number of years in business as a sanitary disposal contractor: _____

* Will you be pumping sewage from septic tanks? Yes ___ No ___

* Will you be pumping grease interceptors? Yes ___ No ___

* Will you be pumping portable toilets? Yes ___ No ___

* Number of employees: _____

* Location of your sanitary disposal site(s) (Wastewater Treatment Plant name and location):

List below and describe Collection and Disposal Equipment Used

Year & Model	Vehicle ID #	Equipment Description	Tank Capacity (gallons)

SIGNATURE: _____ **DATE:** _____