



2024 Biological Pretreatment Permit Application

Checklist and General Information

Please submit the following 6 items to our office:

- Payment \$321.64 application fee plus 32.16 admin fee = \$353.80
(Fees are Subject to Change on January 1, 2025)
- Biological Pretreatment Company Information Form
- Notarized Affidavit of Biological Pretreatment Manager Acknowledgment form
- A copy of the safety data sheet for each product that will be utilized to render the biological pretreatment service.
- Clear and legible photocopies of driver 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.

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

IMPORTANT INFORMATION

Payments are only valid for the current permitting year Fees are subject to change. Mail or deliver applications to: City of Houston- FOG Program 7427 Park Place Blvd Houston, TX 77087 Once your completed application is submitted the health officer will approve or deny your application. If application is approved, a copy of your permit, and driver ID's will be sent to the mailing address on file. 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 (February 1, 2024 – January 31, 2025). Payments are only valid for the company name and permit number listed on application. Payments are not transferable and/or refundable.

In the event your company goes out of business ensure you notify us via email or letter to ensure we close out your permit.

Questions should be directed to: Office: 832.393.5704 Email: transporter@houstontx.gov

REV: Dec23





2024 Biological Pretreatment Company Information

GENERAL INFORMATION			
Company Name	Telephone No.	Fax No	
Physical Address	City	State	Zip
Mailing Address	City	State	Zip
Owner	DL No	Email	
Person Responsible	DL No	Email	

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, please explain:

OFFICE USE ONLY:

Method of Payment:	<input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card	Amount: \$
Check/Money Order/CC #:		<input type="checkbox"/> Walked in <input type="checkbox"/> Mailed
Check/M.Order/CC Date:		Processed by:

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Authorized Employee(s) & Driver(s)

List the names of authorized employees, Texas Driver's License (TDL) or Texas Personal Identification Card (TPIC) numbers, along with a clear and legible 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. Please notify our office of any changes in service employee status. Include an attachment if necessary.

Include clear and legible photocopies of drivers' licenses for ALL owners, managers and drivers

Name	Driver License No./PIC No.	Date of Birth





Affidavit of Biological Pretreatment Permit Holder Acknowledgement

The information submitted in the biological pretreatment application 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 and may receive all enforcement action. It is my responsibility to notify the Houston Health Department if I stop fulfilling the role of the Permit Holder to ensure that no further enforcement action is issued.

Company Name: _____

Responsible Person: _____ Driver License No: _____

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: _____

