



## Request for Shipping Container Permit

### Applicant Information:

1. Business name: \_\_\_\_\_
2. Business address: \_\_\_\_\_
3. CITY: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_
4. Phone number: \_\_\_\_\_
5. Name of person to sign & pay for permit: \_\_\_\_\_

### Owner information where shipping container is being placed:

1. Business name: \_\_\_\_\_
2. Business address: \_\_\_\_\_
3. Phone number: \_\_\_\_\_

### Additional Information:

1. Start Date: \_\_\_\_\_
2. End Date: \_\_\_\_\_
3. Number of Containers: \_\_\_\_\_
4. Number of days: \_\_\_\_\_
5. Contact Person: \_\_\_\_\_
6. Phone: \_\_\_\_\_