



OFFICE USE ONLY	
DATE FILED: _____	
INITIALS: _____	
PP TAX DUE: Yes No	
ADVERSE: Yes No	
LP: _____	CC: _____
HEALTH: _____	
CDI: _____	

TEMPORARY CEMENT BATCH PLANT
CLK234 (rev. 11/17)
 CITY ORDINANCE 13.015

Fee: \$50.00 Expires: December 31, _____

Licensee Name: _____ District #: _____
CORPORATION, PARTNERSHIP, OR INDIVIDUAL

Trade Name: _____

Address of Plant: _____

Phone Number: _____ Email: _____
(Correspondence Will Be Via Email If Address Is Given)

If Individual, list:

a) Full Name: _____ DOB: ____ / ____ / ____
 Address: _____ Phone: _____
STREET CITY STATE ZIP

If Partnership or Corporation, list for **ALL members/partners**:

a) Full Name: _____ DOB: ____ / ____ / ____
 Address: _____ Phone: _____
STREET CITY STATE ZIP

b) Full Name: _____ DOB: ____ / ____ / ____
 Address: _____ Phone: _____
STREET CITY STATE ZIP

c) Full Name: _____ DOB: ____ / ____ / ____
 Address: _____ Phone: _____
STREET CITY STATE ZIP

PLEASE NOTE: If you need additional lines, you may attach a separate page to this application.

 Individual/Partner/Member Signature Date

 Partner/Member Signature Date