

**Application to Haul Waste Within  
LICKING COUNTY FOR THE YEAR 2015**

**LICKING COUNTY HEALTH DEPARTMENT  
675 PRICE ROAD  
NEWARK, OH 43055  
1-740-349-6535**

Truck ID#: \_\_\_\_\_

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

Company Name: \_\_\_\_\_

Business ID #: \_\_\_\_\_

Operator Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Truck Year: \_\_\_\_\_ Truck Make: \_\_\_\_\_ Truck Body Type: \_\_\_\_\_

Truck License #: \_\_\_\_\_ Capacity: \_\_\_\_\_ Fee: \_\_\_\_\_

Land Application Site: \_\_\_\_\_

2015 SOLID WASTE HAULER APPLICATION  
REGISTRATION FEE INCLUDING ONE VEHICLE - \$200  
ADDITIONAL VEHICLE REGISTRATION - \$50

**\*\*Please note:**

There will be a 25% late fee on all registrations received after December 31, 2014

I/We hereby agree to comply with the rules and regulations of the Board of Health of the Licking County General Health District in effect during the period of time for which this registration is issued. I/We further agree to dispose of solid waste at approved disposal areas only.

NOTE: FORM MUST BE TOTALLY COMPLETED BEFORE LICENSE WILL BE ISSUED.

APPLICANT \_\_\_\_\_  
(SIGNATURE)

DATE: \_\_\_\_\_

(Office Use Only)

DATE \_\_\_\_\_ RECEIPT # \_\_\_\_\_ Received by: \_\_\_\_\_