

**Application to Haul Waste Within
LICKING COUNTY FOR THE YEAR 2017**

**Licking County Health Department
675 Price Rd
Newark, OH 43055
1-740-349-6535**

Truck ID#: _____ Date: 12/09/2016

Company Name: _____ Business ID #: 5

Operator Name: _____

Street Address: _____

City, State, Zip: _____ Phone: _____

Truck Year: _____ Truck Make: _____ Truck Body Type: _____

Truck License #: _____ Capacity: 0 Gallons Fee: 0.00

Land Application Site: _____

**2017 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, 2016

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 _____ DATE _____
(SIGNATURE)

(Office Use Only)

DATE _____ RECEIPT # _____ Received by: _____