



Solid Waste Hauler Registration Form

Application for registration to engage in the solid waste hauler business within the jurisdiction of Licking County Health Department.

Business Name:

Contractor Name:

Street Address:

Phone Number:

Cell Phone Number:

Email Address:

**2023 Solid Waste Hauler Application in Licking County Including One Vehicle - \$200.00
Additional Vehicle Registration - \$50 Per Vehicle**

- PLEASE NOTE: THERE WILL BE A 25% LATE FEE ON ALL REGISTRATIONS RECEIVED AFTER DECEMBER 31, 2022

License Plate #	Truck ID #	Make	Body Type	Capacity	Year	Vehicle Serial #	FEE

GROUND DISPOSAL LOCATIONS: _____

By signing this application, I/We 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.

Applicant Name (Print): _____

Applicant Signature: _____ Date: _____

LCHD INTERNAL USE ONLY

Registration Approved

Date Processed In HDIS:

HDIS Assigned Registration #: