

**NEWARK**

(740)-349-6535
675 Price Rd.
Newark, OH 43055

PATASKALA

(740) 755-4520
621 W. Broad St.
Pataskala, OH 43062

www.lickingcohealth.org

November 3, 2023

Dear Solid Waste Haulers,

Please find enclosed your 2024 collection vehicle registration application. The registration fee and process are the same as they were in 2023.

Your registration must be received or postmarked by December 31, 2023 in order to be considered on time. If not, your company will be charged a 25% late fee.

Please update your application with any new truck information that may have changed during 2023.

Also, we will send you a registration card for each truck that is registered with our office. A copy of the registration card must be kept in the truck while it is in operation in Licking County.

**Please note we have changed the look of our forms. Same requirements still apply.

If you have any questions or concerns with the registration process or with any other portions of the program, feel free to contact us at 740-349-6535 or environmental@lickingcohealth.org.

Sincerely,

Chad Brown, RS, REHS, MPH

Health Commissioner

Cc: Scott Morris, REHS, Environmental Health Director

File

Enclosure



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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:

**2024 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, 2023

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): _____

Signature: _____ Date: _____

LCHD INTERNAL USE ONLY

Registration Approved

Date Processed In HDIS:

HDIS Assigned Registration #: