

**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, 2025

Dear Solid Waste Haulers,

Please find enclosed your 2026 collection vehicle registration application. The registration fee and process are the same as they were in 2025.

Please update your application with any new truck information that may have changed during 2025.

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, MPH, REHS

Health Commissioner

Cc: Scott Morris, REHS, Director of Outdoor Environmental Health

File

Enclosure

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www.lickingcohealth.org**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: _____

Email Address: _____

2026 Solid Waste Hauler Application in Licking County Including One Vehicle - \$200.00**Additional Vehicle Registration - \$50 Per Vehicle**

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

Total 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 ONLYRegistration Approved ☐

Date Processed In HDIS: _____

HDIS Assigned Registration #: