



Public Health
Prevent. Promote. Protect.

Tuscarawas County
Health Department

Application for Solid Waste Hauler's Permit

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Applicant's Name: _____ Phone Number: _____

Email Address: _____ Alternate Phone: _____

I/We do hereby apply for a Solid Waste Hauler's Permit to conduct collection and/or hauling of such Solid Waste within the jurisdiction of the Tuscarawas County Board of Health.

All vehicles should be identified by number. **The fee is \$100 per truck.**

VEHICLES	NUMBER USED	NUMBER ON UNIT (attach additional pages if needed)
Pickup Truck		
Dump Body		
Stake Body		
Trailer Type		

Total number of Vehicles to be licensed: _____

Type(s) of waste being collected (check all that apply):

- Municipal Solid Waste (MSW) Yard Waste C&DD

Please list ALL disposal site(s) intended to be used (please be specific):


Company/Site Name: _____ Phone Number: _____



Company/Site Address: _____



Company/Site Name: _____ Phone Number: _____

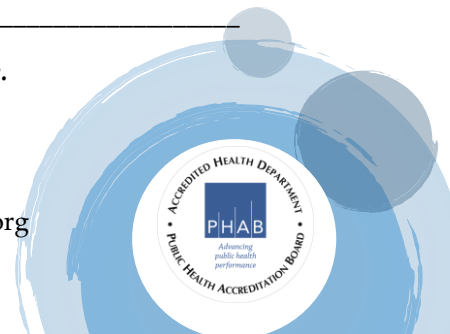
Company/Site Address: _____

**Site name of "Various Locations" is not an acceptable site name.*

 897 E. Iron Ave.
Dover, OH 44622

 (330) 343-5555
 (330) 343-1601

 www.tchdnow.org
 director@tchdnow.org



I/We do declare that only wastes and disposal sites reflected in this application are the only wastes/locations to be collected/used for disposal. I/We understand that the acceptance and disposal of material such as hazardous wastes, bulk liquid wastes, and other items listed in the **Ohio Administrative Code (OAC) 3745-27**, is strictly prohibited.

Anticipated Starting Date (New Haulers): _____

Authorized Signature _____ Date _____

OFFICE USE ONLY

Approved by: _____ Date: _____

Identification Numbers Issued: _____