

**Hamilton County General Health District
250 William Howard Taft Road 2nd Floor
Cincinnati, Ohio 45219
(513) 946-7879 ~ Fax (513) 946-7890**

Application for permit to haul garbage or waste in the Hamilton County General Health District:

Name: _____ Telephone Number: _____

Address: _____

Address/location where trucks are parked: _____

Please select type of collection: Industrial Dry Rubbish Only
Door to Door Miscellaneous

Please indicate number of trucks you operate: _____

Method of disposal: _____

Address/location of disposal: _____

YEAR, MAKE & MODEL OF TRUCKS	LICENSE NUMBER

Please attach an additional sheet for more vehicle listings.

Do your trucks have liquid tight bodies or tanks? (Circle one) Yes No

Do your trucks have proper covers? (Circle one) Yes No

I agree to comply with the rules and regulations of the Health Board pertaining to my business.

Date: _____ **Authorized Signature:** _____

***NOTE: Fee of Twenty Dollars (\$20.00) annually for each truck to accompany this application.**