



Application for Permit to Haul Garbage

*Timothy I. Ingram
Health Commissioner*

*250 William Howard Taft Road, 2nd Floor
Cincinnati, OH 45219*

*Phone 513.946.7800
Fax 513.946.7890*

hamiltoncountyhealth.org

Facility Name: _____ Telephone Number: _____

Application Contact: _____ Fax Number: _____

Address: _____

Address/Location Where Trucks are Parked: _____

Person to Contact to Arrange Inspection: _____

Name of Disposal Facility: _____

Please Indicate Number of Trucks You Operate: _____ @ 20.00 each = _____

Please List Truck Information Below or Attach List with Information

(Please Print Clearly)

YEAR	MAKE & MODEL OF TRUCKS	LICENSE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do Your Trucks Have Liquid Tight Bodies or Tanks? _____ Yes _____ No

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

Authorized Signature: _____ **Date:** _____