

Return application and payment to:
Hamilton County Public Health
Attn Waste Management
250 William Howard Taft Rd 2nd Floor
Cincinnati, OH 45219



PREVENT. PROMOTE. PROTECT.

Timothy Ingram, Health Commissioner
250 William Howard Taft Road
Cincinnati, OH 45219
Phone: 513.946.7800 Fax: 513.946.7890
hcph.org

Application for Permit to Haul Garbage

Facility Name: _____ Telephone Number: _____

Application Contact: _____ Email: _____

Address: _____

Address/Location Where Trucks are Parked: _____

Person to Contact to Arrange Inspection: _____

Inspection contact's email: _____

Inspection contact's Phone: _____

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	Truck #	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:** _____