

WEBER-MORGAN HEALTH DEPARTMENT
477 23rd Street, OGDEN, UTAH 84401
Phone (801)399-7160 Fax (801)399-7170
Email: envhealth@co.weber.ut.us

APPLICATION TO OPERATE A WASTE COLLECTION SERVICE

Fee: \$45.00 per collection vehicle. Infectious Waste \$75.00 per vehicle

COMPANY NAME _____
MAILING ADDRESS _____ CITY _____ STATE ____ ZIP _____
BUSINESS ADDRESS _____ CITY _____ STATE ____ ZIP _____
OWNER _____ EMAIL _____
PHONE _____ HOURS OF OPERATION _____

List all disposal sites used: _____

****ATTACH A COPY OF GENERAL LIABILITY INSURANCE AND/OR SURETY BOND TO THIS APPLICATION****

Number of Permits Requested: _____

VEHICLE LIST

1. Vehicle license number: _____ Year/Make: _____

Vehicle capacity: _____

General Description: _____

(ie., roll-off, front loader, side loader, vac truck, pumper, medical waste)

Type Waste: Solid Liquid Medical Hazardous Permit No. _____

2. Vehicle license number: _____ Year/Make: _____

Vehicle capacity: _____

General Description: _____

(ie., roll-off, front loader, side loader, vac truck, pumper, medical waste)

Type Waste: Solid Liquid Medical Hazardous Permit No. _____

3. Vehicle license number: _____ Year/Make: _____

Vehicle capacity: _____

General Description: _____

(ie., roll-off, front loader, side loader, vac truck, pumper, medical waste)

Type Waste: Solid Liquid Medical Hazardous Permit No. _____

--List additional vehicles on sheet(s)- make copies as needed

Signature: _____ Date: _____

4. Vehicle license number: _____ Year/Make: _____

Vehicle capacity: _____

General Description: _____

(ie., roll-off, front loader, side loader, vac truck, pumper, medical waste)

Type Waste: Solid Liquid Medical Hazardous Permit No. _____

5. Vehicle license number: _____ Year/Make: _____

Vehicle capacity: _____

General Description: _____

(ie., roll-off, front loader, side loader, vac truck, pumper, medical waste)

Type Waste: Solid Liquid Medical Hazardous Permit No. _____

6. Vehicle license number: _____ Year/Make: _____

Vehicle capacity: _____

General Description: _____

(ie., roll-off, front loader, side loader, vac truck, pumper, medical waste)

Type Waste: Solid Liquid Medical Hazardous Permit No. _____

7. Vehicle license number: _____ Year/Make: _____

Vehicle capacity: _____

General Description: _____

(ie., roll-off, front loader, side loader, vac truck, pumper, medical waste)

Type Waste: Solid Liquid Medical Hazardous Permit No. _____

8. Vehicle license number: _____ Year/Make: _____

Vehicle capacity: _____

General Description: _____

(ie., roll-off, front loader, side loader, vac truck, pumper, medical waste)

Type Waste: Solid Liquid Medical Hazardous Permit No. _____

9. Vehicle license number: _____ Year/Make: _____

Vehicle capacity: _____

General Description: _____

(ie., roll-off, front loader, side loader, vac truck, pumper, medical waste)

Type Waste: Solid Liquid Medical Hazardous Permit No. _____