

WEBER-MORGAN DISTRICT HEALTH DEPARTMENT
477 23rd Street, OGDEN, UTAH 84401
Phone (801)399-7160 Fax (801)399-7170

APPLICATION TO OPERATE A SOLID WASTE COLLECTION SERVICE

NAME OF COMPANY _____

STREET ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

OWNER _____

PHONE _____

Indicate the number of permits requested: _____

Fee: Greater of \$50.00 or \$10.00 per collection vehicle. Medical Waste \$50 per vehicle

Vehicle license number: _____ Year/Make: _____

Vehicle capacity: _____ General description: _____
(i.e., roll-off, front loader, side loader, vac truck, pumper, medical waste)

Type Waste: Solid Liquid Medical Permit No. _____ Date Issued: _____

Vehicle license number: _____ Year/Make: _____

Vehicle capacity: _____ General description: _____
(i.e., roll-off, front loader, side loader, vac truck, pumper, medical waste)

Type Waste: Solid Liquid Medical Permit No. _____ Date Issued: _____

Vehicle license number: _____ Year/Make: _____

Vehicle capacity: _____ General description: _____
(i.e., roll-off, front loader, side loader, vac truck, pumper, medical waste)

Type Waste: Solid Liquid Medical Permit No. _____ Date Issued: _____

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

Signature: _____

Title: _____ Date: _____

Vehicle license number: _____ Year/Make: _____

Vehicle capacity: _____ General description: _____

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

Type Waste: Solid Liquid Medical Permit No. _____ Date Issued: _____

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