

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

**APPLICATION TO OPERATE A WASTE COLLECTION SERVICE**

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