

**WEBER-MORGAN DISTRICT HEALTH DEPARTMENT**  
**477 23<sup>rd</sup> 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)

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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: \_\_\_\_\_  
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