

**ASHTABULA COUNTY HEALTH DEPARTMENT
12 WEST JEFFERSON STREET
JEFFERSON, OHIO 44047
(440) 576-6010**

TO: Garbage Haulers
FROM: Ashtabula County Health Department
RE: Renewal of Garbage Haulers License

This is to remind you that your license to collect garbage expires on the 31st of January.

If you intend to continue in the business of collecting garbage during the coming year, please complete the enclosed application and return it to this office with the fee, which is \$80.00 for one truck plus \$60.00 for each additional truck. **A late fee of \$160.00 for one truck plus \$120.00 for each additional truck will be assessed for application received after JANUARY 31st.**

Please remember that your company name must appear legible on the sides of each truck and no open trucks are allowed.

MAKE CHECKS PAYABLE TO: ASHTABULA COUNTY HEALTH DEPARTMENT

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APPLICATION FOR A LICENSE TO COLLECT GARBAGE

Application is hereby made to the Ashtabula County Health Department, Jefferson, Ohio, for a license to engage in the collection, hauling and proper disposal of rubbish, garbage, etc.

The Applicant hereby agrees to adhere to all the regulations of the Board of Health pertaining to the above service and understands that any violation of these regulations is sufficient cause for revocation of the license and prosecution, as provided by law.

COMPANY NAME: _____

COMPANY ADDRESS: _____

COMPANY PHONE NUMBER: _____

NUMBER OF TRUCKS IN ASHTABULA COUNTY _____

NOTE: All added trucks that were not licensed in the previous year must be inspected by the Ashtabula County Health Department before a license may be issued for each added truck (see attached form). Please complete the attached form if you are adding new trucks that were not previously licensed.

COMPANY OWNER: _____

APPLICANT'S SIGNATURE: _____

DATE: _____

DISPOSAL SITE(S): _____

SOLID WASTE HAULING INSPECTION FORM

Hauling Vehicle(s)

- | | | |
|-------------------------------|--------------|-------------|
| 1. Metal construction | _____
Yes | _____
No |
| 2. Leak proof | _____
Yes | _____
No |
| 3. Acceptable covered vehicle | _____
Yes | _____
No |

Comments: _____

Meets Requirements: _____ Does No Meet Requirements: _____

Sanitarian: _____ Date of
Inspection: _____

FOR OFFICE USE ONLY

DATE: _____ CHECK NO: _____ AMOUNT: _____
LICENSE NUMBER: _____ RECEIPT NUMBER: _____

LIST OF ADDED TRUCKS NOT LICENSED IN PREVIOUS YEAR

	MAKE	MODEL	YEAR	LICENSE PLATE #
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				