

APPLICATION FOR SOLID WASTE HAULER PERMIT
CITY OF VAN WERT
515 E. MAIN ST., ROOM 203
VAN WERT, OH 45891

LICENSE NO. _____

FIRM NAME _____

ADDRESS _____

PHONE _____ OPERATOR _____

VEHICLE MAKE	(1) _____	MODEL	(1) _____
	(2) _____		(2) _____
	(3) _____		(3) _____
	(4) _____		(4) _____

TYPE OF WASTE HAULED _____

VICINITY OF COLLECTION _____

DISPOSAL SITE _____

NAMES OF INDIVIDUAL HAULERS _____

Signed _____ Date _____

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Inspection Date _____

Approved _____

Disapproved _____

Safety-Service Director