

## SOLID WASTE HAULER APPLICATION FOR 2011 YEAR

**CLARK COUNTY COMBINED HEALTH DISTRICT**  
 529 E. Home Road, Springfield, Ohio 45503 (937) 390-5600 ([rcahill@ccchd.com](mailto:rcahill@ccchd.com) or [akaup-fett@ccchd.com](mailto:akaup-fett@ccchd.com))  
**SOLID WASTE COLLECTOR LICENSE OR REGISTRATION APPLICATION\*\***  
*All vehicles must be inspected and approved prior to a license or registration being issued*

Business Name:		Contact Person:	
Mailing Address:		Business Address*:	
City, State & Zip		City, State & Zip	
Phone:	Alternate Phone:	Fax:	
E-MAIL:			

**Please answer the following questions:**

- 1) Will you operate within the City of Springfield, including any transport within or through the City? \_\_\_ Yes \_\_\_ No
- 2) Will you operate in the \_\_\_\_\_ City (if answer is Yes to #1 you must check City), \_\_\_\_\_ County or \_\_\_ Both?
- 3) Type of service: Residential Garbage \_\_\_\_\_ Bulk Materials \_\_\_\_\_ Both \_\_\_\_\_
- 4) Do you offer a volume based (pay by the bag system)? \_\_\_ Yes (color \_\_\_\_\_) \_\_\_ No
- 5) Do you offer roll-off containers? \_\_\_ Yes \_\_\_ No
- 6) Days and Hours of operation \_\_\_\_\_
- 7) List the solid waste collection vehicles. Describe ALL trucks by make, model, license number and truck number if one is assigned. PLEASE NOTE: A separate sheet may be attached to this application if you need additional space or attach a printed list of the vehicles.

1)	2)
3)	4)
5)	6)

The Health Commissioner may revoke or suspend the license or registration of any person collecting solid waste who has demonstrated an inability or unwillingness to comply with the Clark County Combined Health District Regulations and the laws of the State of Ohio.

***We agree to comply with the requirements of the laws of the State of Ohio and the regulations of the Clark County Combined Health District. This registration will be in effect 1/1/2011 thru 12/31/2011.***

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

If you answered YES to question 1, there is a \$25 license fee (includes 1 truck) and a \$5 fee for each additional truck, the second page of this application must be completed and signed, and all trucks must be inspected.

If you answered NO to question 1, there is no fee, but you must not haul within the City limits and all trucks must be registered and inspected.

**Total number of trucks: \_\_\_\_\_ Total remittance enclosed: \_\_\_\_\_**

\*Note: Business operating in unzoned areas may be subject to investigations by zoning authorities.

**ALL VEHICLES MUST BE INSPECTED AND HAVE A VALID LICENSE OR REGISTRATION STICKER VISIBLY DISPLAYED ON VEHICLE.**

If you wish to provide solid waste collection services within the City of Springfield, the following section of this application must be completed. ***The hours of operation within the City are 6am to 8pm.***

**STATEMENT OF APPLICANT**

*The undersigned hereby makes application for a Private Solid Waste Collector's License, and for the purpose of obtaining same represents:*

- A) That applicant is familiar with all of the provisions of Chapters 919, 921 and 922 of the Codified Ordinances of the City of Springfield, Ohio.
- B) That if such license is granted, applicant will abide by all the regulations, requirements and provisions thereof, and applicant shall abide by all applicable laws, ordinances, rules and regulations.
- C) That the applicant wishes to operate on the following days and hours: (Monday through Friday 6am to 8pm only):  
\_\_\_\_\_
- D) That the applicant provides the following:  
\_\_\_\_\_ City Income Tax Number \_\_\_\_\_  
\_\_\_\_\_ Copy of Insurance Policy: Comprehensive general liability insurance and comprehensive automobile liability insurance (minimum \$100,000 per occurrence and \$300,000 bodily injury), property damage (minimum \$25,000). Insurance shall not be canceled without ten (10) days advance written notice to the Clark County Combined Health District. .  
\_\_\_\_\_ Copy of Certificate of Workmen's Compensation (if one or more employees)
- E) That the matters, facts and answers above are true.

**Date:**

**Signature:**

\_\_\_\_\_