

SIDNEY-SHELBY COUNTY GENERAL HEALTH DISTRICT

202 W. Poplar St., Sidney, OH 45365
Phone: (937) 498-7249 Fax: (937) 498-7013

**APPLICATION FOR 2010 REGISTRATION CERTIFICATE FOR COLLECTION
AND TO OPERATE SOLID WASTE COLLECTION EQUIPMENT**

I hereby apply for a registration certificate for the collection of solid waste and to operate solid waste collection equipment during the year 2010 in accordance with the rules and regulations of The Sidney-Shelby County General Health District.

Name of Business: _____

Owner's Name: _____ Telephone #: _____

Email Address: _____ Fax #: _____

Business Address: _____

City State Zip

Geographic Area of Collection: _____

Types of customers served: (circle items) Residential Commercial Industrial Recycling

Name and Address of Disposal Sites Used: _____

LISTING OF VEHICLES TO BE REGISTERED

Year/Make of Vehicle	Type/Capacity of Vehicle	Vehicle License #	Vehicle # (if any)	Health Dept. Registration #

Name of person completing this form: _____ Date: _____

Total fee is **\$100.00** for the first vehicle and **\$30.00** for each additional vehicle.
A late fee of 25% will be assessed if the application is not received by March 1, 2010.

Payable to Sidney-Shelby County Health Dept.