



JACKSON COUNTY SOLID WASTE & HAULER LICENSE APPLICATION

(License Year = July 1 to June 30)

Business Information

Authorized Representative

Name: _____

Name and Title: _____

Address: _____

City/State/Zip: _____

Email: _____

Telephone: _____

Date: _____

List names of all companies which you do business under locally: _____

Truck Description (attach additional forms or a list for more than 5 trucks):

	Truck 1	Truck 2	Truck 3	Truck 4	Truck 5
Year:					
Make:					
Model:					
State & License #:					
Truck #:					
Type: (packer, dump, pickup, recycle, transfer, roll-off, other)					
Empty Weight:					
Capacity (cubic yds):					
Capacity (tons):					

ANNUAL LICENSE FEE: (Payable to “Jackson County Health Department”):

TOTAL NUMBER OF TRUCKS: _____ X \$50.00 = _____

DO YOU COLLECT SOLID WASTE AND/OR RECYCLABLES IN JACKSON COUNTY?

YES _____ NO _____ (IF YES, YOU ARE REQUIRED TO COMPLETE A MATERIAL MANAGEMENT PLAN)

FOR OFFICE USE ONLY:

MATERIAL MANAGEMENT PLAN APPROVAL AND DATE: _____

VEHICLE PERMIT NUMBERS ISSUED: _____

TYPE OF LICENSE ISSUED: temporary conditional annual