



# Waste Vehicle Permit Application

Physical Address: 22 South State Street, Clearfield, UT 84015

Mailing Address: P.O. Box 618, Farmington, UT 84025

Email Address: [DCEnvHealth@daviscountyutah.gov](mailto:DCEnvHealth@daviscountyutah.gov)

Phone: 801-525-5128, Fax: 801-525-5119

Type of Permit:       Waste Hauler Vehicle       Waste Tire Vehicle       Infectious Waste Collection Vehicle

## Business Information

Business Name:	Owner Name:
Physical Address:	City/State/Zip:
Email Address:	Phone Number
Local Contact Name:	Local Contact Phone/Email:

## Invoice Information      Same as: Business Information

Name:	
Billing Address:	City/State/Zip:

## Mailing Information      Same as: Business Information      Invoice Information

Name:	
Billing Address:	City/State/Zip:

## Conditions of Permit

*A Department representative must be provided access to the regulated premises upon providing identification. A permit is not transferable and the Davis County Health Department must be notified prior to making any changes or modifications to the approved facility, operations, or permit information. Failure to comply with the applicable rules and regulations may result in the suspension or revocation of the permit. **I hereby certify that all the information provided in the application is correct and I understand and agree to the conditions of this permit.***

Applicant Signature: \_\_\_\_\_ Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

## Permit Approval (Office Use Only)

Permit Fee      Date Paid: \_\_\_\_\_      Amount Paid: \$ \_\_\_\_\_      Receipt # \_\_\_\_\_

Permit Type	Number of Vehicles	Permit Fee
Waste Hauler Vehicle		\$75 per vehicle
Waste Tire Vehicle		\$50 per vehicle (up to 5 vehicles); \$10 for each additional vehicle
Infectious Waste Collection Vehicle		\$75 per vehicle

**Vehicle Number:** \_\_\_\_\_      **Office Use:**      **Permit Number:** \_\_\_\_\_      **Date Assigned:** \_\_\_\_\_

Vehicle License Plate Number:	Vehicle Weigh Capacity:
Vehicle Make/Year:	Vehicle General Description:

**Vehicle Number:** \_\_\_\_\_      **Office Use:**      **Permit Number:** \_\_\_\_\_      **Date Assigned:** \_\_\_\_\_

Vehicle License Plate Number:	Vehicle Weigh Capacity:
Vehicle Make/Year:	Vehicle General Description:

<b>Vehicle Number:</b> _____		<b>Office Use:</b> Permit Number: _____		Date Assigned: _____	
Vehicle License Plate Number:			Vehicle Weigh Capacity:		
Vehicle Make/Year:			Vehicle General Description:		
<b>Vehicle Number:</b> _____		<b>Office Use:</b> Permit Number: _____		Date Assigned: _____	
Vehicle License Plate Number:			Vehicle Weigh Capacity:		
Vehicle Make/Year:			Vehicle General Description:		
<b>Vehicle Number:</b> _____		<b>Office Use:</b> Permit Number: _____		Date Assigned: _____	
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Vehicle Make/Year:			Vehicle General Description:		
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