



2018 Compost Facility Permit Application

COMMERCIAL

Business Name: _____

Street Address: _____

Website: _____

Phone: _____

Email: _____

Authorized Person

Last Name: _____

First Name: _____

Permit Fee \$100.00 (unlimited loads):

Vehicle #1 - (Permit# _____)

Make: _____ Model: _____ Year: _____ License Plate#: _____

Vehicle #2 - (Permit# _____)

Make: _____ Model: _____ Year: _____ License Plate#: _____

Vehicle #3 - (Permit# _____)

Make: _____ Model: _____ Year: _____ License Plate#: _____

Vehicle #4 - (Permit# _____)

Make: _____ Model: _____ Year: _____ License Plate#: _____

Vehicle #5 - (Permit# _____)

Make: _____ Model: _____ Year: _____ License Plate#: _____

With my signature below, I hereby certify that I agree to follow the Compost Facility rules and regulations.

Signature: _____

Date: _____

Do Not Write Below This Line

Permit approved by: _____

Date: _____