



Compost Facility Yearly Permit Application

COMMERCIAL

Business Name: _____

Street Address: _____

Website: _____

Renewal Date: _____

First Name: _____

Phone: _____

Email: _____

Authorized Person

Last Name: _____

First Name: _____

Permit Fee **\$150.00** (Permit # _____)

Vehicle #1

Make: _____ Model: _____ Year: _____ Licence Plate # _____

Vehicle #2

Make: _____ Model: _____ Year: _____ Licence Plate # _____

Vehicle #3

Make: _____ Model: _____ Year: _____ Licence Plate # _____

Vehicle #4

Make: _____ Model: _____ Year: _____ Licence Plate # _____

Vehicle #5

Make: _____ Model: _____ Year: _____ Licence 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: _____

Thank You!

Renewal Date: _____