



**APPLICATION FOR LICENSE
SOLID WASTE COLLECTOR**
Fulton County Board of Health
Environmental Health Services Division

**BUSINESS
INFORMATION**

Name: _____

Address: _____
Street Room/Suite City State Zip Code

Telephone #: _____ Fax #: _____ Email: _____

**OWNER/APPLICANT
INFORMATION**

Name: _____ Title: _____

Address: _____
Street Room/Suite City State Zip Code

Telephone #: _____ Fax #: _____ Email: _____

**LICENSEE
INFORMATION**

Name: _____

Address: _____
Street Room/Suite City State Zip Code

Work #: _____ Cell #: _____

Email: _____ Fax #: _____

_____ Final Disposal Site _____ Final Disposal Site _____ Number of vehicles

I, _____, certify that all information given in this application is true and correct to the
Licensee Name (Print)
best of my knowledge. I further understand and agree to comply with Fulton County Code of Ordinances, Chapter 34, Health and Sanitation, Article X, "Solid Waste", as the licensee for a Solid Waste Collector in Fulton County. If a license is issued, it is non-transferable and is valid until it is surrendered, suspended, revoked or expired.

_____ Licensee Signature _____ Title _____ Date

===== **EHS Use Only** =====

Fee Amount: _____ Date of Remittance: ____/____/____ Check/M.O. #: _____ Receipt #: _____

Initial License Date: ____/____/____ License Expiration Date: ____/____/____

Service Code: _____ District Assignment: _____ Territory Assignment: _____

_____ EHS Staff _____ Date of Issuance