



Waste Tire Vehicle Permit Application

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

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

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

Type of Permit: New Business Permit Renewal Change of Ownership

Business Information

Business Name:	Business Phone Number:
Physical Address:	City/State/Zip:
Email Address:	Number of Vehicles*:

Invoice Information Same as: Business Information

Name:	
Billing Address:	City/State/Zip:

Mailing Information Same as: Business Information Invoice Information

Name:	
Mailing Address:	City/State/Zip:

Owner/Corporation Information

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

Operating a waste tire vehicle prior to permit issuance, other than an authorized renewal procedure, is a Class B Misdemeanor. Applicant agrees that maintenance of a health permit is predicated on compliance with the Davis County Waste Tire Rules and Regulations. This permit is revocable for non-compliance. I agree to comply with all laws governing waste tire vehicles in Davis County.

Signature of Applicant: _____ Date: _____ Title: _____

Permit Approval Office Use Only

Permit Fee Date Paid _____ Receipt # _____

*Permit cost: \$50 per vehicle (up to five vehicles); \$10 for each additional vehicle

Number of vehicles (1-5) : _____ x \$50 + Number of additional vehicles: _____ x \$10 = Total amount paid: _____

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