LINCOLN COUNTY
SOLID WASTE BUSINESS LICENSE LICENSE FORM
in accordance with the Lincoln County Solid Waste Ordinance 52.34

Applicant’s Contact Information:

Name of Business: ___________________________
Contract Person: ___________________________ Title: ___________________________
Physical Address: ____________________________
Mailing Address (if different from physical address): ____________________________
After Hours Number: __________________________
Business Phone Number: __________ Fax Number: __________
Email Address: ____________________________

Vehicles and Equipment:

List Vehicles used:

1. ___________________________ Tag#: ___________________________
2. ___________________________ Tag#: ___________________________
3. ___________________________ Tag#: ___________________________
4. ___________________________ Tag#: ___________________________
5. ___________________________ Tag#: ___________________________
6. ___________________________ Tag#: ___________________________
7. ___________________________ Tag#: ___________________________
8. ___________________________ Tag#: ___________________________
9. ___________________________ Tag#: ___________________________
10. ___________________________ Tag#: ___________________________

Signature:

Name: ____________________________
Signature: ____________________________ Date: ____________________________
LINCOLN COUNTY
WASTE COLLECTOR/HAULER APPLICATION FORM

Applicant’s Contact Information:

Name of Business: ____________________________________________
Contact person: ____________________________________________ Title: __________________________
Physical address: __________________________________________
Mailing address (if different from physical address): ________________
After Hours Number: _________________________________________
Business phone number: __________________________ Fax number: __________________
Email address: ____________________________________________

Description of Business:

_____ Residential   _____ Commercial   _____ Industrial   _____ Institutional

Signature to Franchise:

Name: ____________________________ Date: ________________
Signature: ________________________ Date: ________________
LINCOLN COUNTY
SOLID WASTE HAULER QUARTERLY REPORT

Permittee:
Name of Business: ______________________________________
Year: _________
Quarter: Jan-March ___ April-June ___ July-Sept ___ Oct-Dec ___

Current Number of Customers:
Single-Family Residential Units Served ___
Multiple-Family Residential Units Served ___
Commercial/Industrial Units Served ___
Institutional Units Served ___

Quarterly Estimated Tonnage Collected in Lincoln County: _________

Signature:
Name: ___________________________ Date: __________________

Signature: ___________________________ Date: __________________

Fax to: 704-732-9048 or email: publicworks@lincolncounty.org