LINCOLN COUNTY HAULER FORM
SOLID WASTE

LINCOLN COUNTY
SOLID WASTE BUSINESS 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): ________________________________
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: __________________

Fax to: 704-732-9048 or email: publicworks@lincolncounty.org
LINCOLN COUNTY HAULER FORM
SOLID WASTE

LINCOLN COUNTY
FRANCHISE WASTE COLLECTOR/ HAULER FORM

Applicant’s Contact Information:
Name of Business: ____________________________________________________________
Contact person: ___________________________ Title: ____________________________
Physical address: ___________________________________________________________
Mailing address (if different from physical address): ______________________________
Business phone number: __________________________ Fax number: __________________
Email address: ______________________________________________________________

Description of Business:
___ Residential  ___ Commercial  ___ Industrial  ___ Institutional
If residential waste hauling is performed then all waste will be taken to Lincoln County Landfill for disposal.

Signature to Franchise:
Name: ___________________________________________ Date: _________________
Signature: ________________________________________ Date: _________________

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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 ___
- Industrial Units Served ___
- Institutional Units Served ___

Quarterly Estimated Tonnage Collected in Lincoln County: ________

Signature:
Name: __________________________________________ Date: ______________

Signature: __________________________________________ Date: ______________

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