## APPLICATION FOR REGISTRATION TO INSTALL HOUSEHOLD SEWAGE TREATMENT SYSTEMS LICKING COUNTY HEALTH DEPARTMENT 675 Price Rd

NEWARK, OH 43056

Phone: 1-740-349-6535 Fax: 1-740-349-6535

Business Name:	e:Date:12/03/2020		Date: 12/03/2020
Name of Operator			ID #:0
Street Address:			Fee: <u>200.00</u>
City, State, Zip: _			
Phone:	Cell Phone:	Pager:	Fax:
E-Mail:			
Bond Company:	y: Bond Expiration Date:		
operates in Lickin Administrative Cod provide proof of Sanuary 1, 2021.  Proof of General I the calendar year signatures and sea	ng County, must pass the Olle, Rule 3701-29-03(c)(2). ix (6) continuing education iability Insurance of not on the ODH bond form is re	service provider, or septage DH Registration exam as required for continue operation credits to continue operations than \$500,000 and a sequired. Submit the surety of Health. Proof of liability rement.	uired in the Ohio egistration, you must ating on or after  urety bond issued for bond with original
APPLICANT		DAT	E
	(SIGNATURE)	- U Orby)	
YEAR 2021	(Office	e Use Only)	□ Incurance
	☐ Registration Approved:		
Test Date: / /	Score:	☐ CEUs Attached	☐ Bond Attached
DATE	RECEIPT #	Received by:	