

NLT YARDWASTE FACILITY
COMMERCIAL PERMIT APPLICATION

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DATE: _____ PHONE NUMBER: _____

BUSINESS NAME: _____

CONTACT PERSON: _____

PHONE NUMBER: _____ BUSINESS FAX: _____

BUSINESS ADDRESS: _____

MAKE OF VEHICLE: _____ LICENSE PLATE # _____

MAKE OF VEHICLE: _____ LICENSE PLATE # _____

MAKE OF VEHICLE: _____ LICENSE PLATE # _____

MAKE OF VEHICLE: _____ LICENSE PLATE # _____

CARD NUMBER ASSIGNED: _____

FEE: _____

*****NOTE*** (FEE FOR THE FOLLOWING YEAR WILL BE DEPENDENT UPON THE AMOUNT OF USE OF THE FACILITY BY THE APPLICANT IN A ONE YEAR TIME PERIOD. THIS DETERMINATION WILL BE MADE BY THE BOARD OF SUPERVISORS.)**

When completing this application, Applicant is agreeing to abide by all rules and regulations, established and provided by North Lebanon Township. Applicant is verifying that he/she has a business within North Lebanon Township and as such will be using this facility for intended uses pertaining to his/her North Lebanon Township business ONLY. Violating any regulations regarding this facility will result in loss of the privilege to use said facility.

SIGNATURE OF BUSINESS REPRESENTATIVE: _____

PRINT NAME: _____