

CARROLL TOWNSHIP LEAF WASTE FACILITY
COMMERCIAL LAWN SERVICE/LANDSCAPERS
PERMIT APPLICATION

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 Carroll Township. Applicant is verifying that he/she has a business within Carrroll Township and as such will be using this facility for intended uses pertaining to Carroll Township properties ONLY. Violating any regulations regarding this facility will result in loss of the privilege to use said facility.

SIGNATURE OF BUSINESS REPRESENTATIVE _____

PRINT NAME _____