



Permit Application PRIVATE HAULERS

Year: 2025

I hereby make application for a Private Hauler's license for the above year.

Company Name _____

Contact Name _____

Address _____

Phone Number _____ Fax Number _____

Optional: E-mail _____

Website _____

Number of vehicles to be authorized for service _____

Days and hours of business operation in Sebring _____

Attach a copy of your firm's current fees. Notify the Municipality promptly, in writing, of any fee changes. (This shall include Residential, Commercial and/or Industrial)

***You MUST provide a copy of your firm's Liability Insurance.**

Insurance Agent _____

Address _____

Phone Number _____

I have read and understand the requirements of this application. I have provided the required information and received a copy of the Sebring Codified Ordinance #737. (If applying by mail, you may review the Ordinance on our website at www.sebringohio.net)

Signature of Applicant

Printed Name of Applicant

Date Signed _____

=====

Office Use

Permit Number _____

Permit Fee **\$250.00** per calendar year

Paid Date: _____

Cash Check# _____ Credit/Debit# _____

Office Staff Initials: _____