



Public Health
Prevent. Promote. Protect.
Perry County
Health Department

Perry County Health Department
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Recycling Facility Application

Recycle # _____

***Instructions:**

1. Complete applicable sections
2. **Sign** and **date** application
3. Pay application fee: **\$100.00** (Cash, Check, Money Order, or Debit/Credit – 3% fee will apply)

Completed application for a license registration must be received by the Perry County Health Department at least 90 days prior to the start-up of a new facility.

For facilities which will remain in operation beyond December 31, license renewal applications must be filed with the Perry County Health Department prior to said date. Failure to file renewal application prior to the deadline may result in the applicant being assessed an additional 10% of the amount of the application fee, for each week the application is late.

Facility Information:

Facility Name: _____ Address of the Facility: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Operation Days/Times: _____

Owner / Operator Information:

Applicant/Operator Name(s) _____ Owner Name (if different): _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

List items being recycled or processed: _____

Applicant Signature: _____ **Date:** _____

For Health Department Use Only

Date Approved: _____ Received By: _____ REHS Approved: _____

Cash: _____ Check #: _____ Card: _____ Receipt # _____

OUR MISSION:

To improve public health in Perry County by preventing disease, promoting health and safety, and protecting our environment.

