



11660 Upper Gilchrist Rd.
Mount Vernon, OH 43050

www.knoxhealth.com

Phone 740-392-2200
Fax 740-392-9613

2015
Registration Application For Service Provider
Registration Fee: \$125

I, _____ hereby apply for registration to be a Service Provider in Knox County General Health District.

BUSINESS NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____ **PHONE** _____

APPLICANT'S NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____ **PHONE** _____

.....
I am also registered in the following counties _____

.....
I agree to comply with Ohio Administrative Code Chapter 3701- 29, Sewage Treatment System rules which serves as the governing rules for Service Providers in the Knox County General Health District.

APPLICANT _____ **DATE** _____
(signature)

Office Use Only

Registration: ☐ Approved ☐ Disapproved **By** _____

Registration # _____ **Fee Amount Received \$** _____