KNOX PUBLIC HEALTH

11660 Upper Gilchrist Rd.
Mount Vernon, OH 43050

www.knoxhealth.com

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2025
Registration Application For Service Provider
Registration Fee $131

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

Business Name: _____

Name of Operator: _____

Address: _____

City, State, Zip: _____

Phone: _____ **Cell phone:** _____ **Fax:** _____

e-mail: _____

Bond Company: _____ **Bond Expiration:** _____

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.

Signature: _____ **Date:** _____

OFFICE USE ONLY

☐ ODH Approved ☐ Bond Attached ☐ CEU's Attached ☐ Insurance ☐ Certificate

☐ Registration Approved by: _____ ☐ Registration Denied by: _____

Date: _____ Receipt #: _____ Registration Number: _____

Rev: 01/2015; 12/2017; 12/2019; 12/2020; 12/2021; 11/2023; 12/2024