

Town of _____
SOLID WASTE HAULER PERMIT APPLICATION_{v4}

No person may remove, transport or dispose of garbage, offal or other offensive substances without a current Board of Health (BOH) permit in accordance with the M.G.L. c. 111, s 31A.

Renewal Annual Application New Annual Application Revised Application

BUSINESS CONTACT INFORMATION

Note: Any change in ownership or operations requires a new permit application and filing fee.

*Applicant/Requester		*Role/Title	
*Business Name		*Site Address	
*Mailing Address		*E-mail	
*Business Phone		*Emergency Phone	

TYPE OF WASTES TRANSPORTED

Check all that apply. *Must Check at least 1 box:

Household Food/Restaurant Recyclables Compostable Grease/Fats Recyclables Commercial Industrial
 Construction Debris Dumpsters: Requires a permit if onsite more than 2 weeks. Other: Describe _____

<input type="checkbox"/> Hazardous Waste	Includes paints, oil, pesticides, chemicals	Describe	
<input type="checkbox"/> Medical Waste	Waste from doctors, dentist, hospitals	Describe	
<input type="checkbox"/> Sharps/needles	Sharps are prohibited from household waste	<input type="checkbox"/> Notice on Sharps Disposal options provided to customers	

*Do you have a plan for customers who do not comply with the recycling laws? Describe: _____

SOLID WASTE DISPOSAL SITES

Note: All waste disposal sites in Massachusetts must be approved by the Board of Health and the Department of Environmental Protection. Sites outside of Massachusetts must have local/state approvals as required by law.

<input type="checkbox"/> *Approved Solid Waste Disposal Primary Site:		Town/City Address		Telephone Number	
<input type="checkbox"/> Approved Solid Waste Disposal Alternate Site:		Town/City Address		Telephone Number	

EQUIPMENT

	Transport Vehicle Name	Make/Model	Year	Size in Yards	Plate #	Name/Logo on Vehicle	Vehicle Inspection Date
<input type="checkbox"/> *Equipment:							
<input type="checkbox"/> Equipment:							
<input type="checkbox"/> Equipment:							

FEES (PAYABLE TO EACH TOWN)

Peru: \$100 Richmond: \$50 Washington: \$100 Windsor: \$75

SIGNATURE CERTIFICATION

By typing my name below and clicking on the certification boxes, I agree that I am submitting a signature for this application.

*I affirm and certify that I am the owner of the company referenced in this application or an authorized representative/agent with authority to apply for this permit or witness/inspections and grant access for inspections as allowed by law.

*I do hereby certify and affirm under the pains and penalties of perjury that I am over 18 years old, the information provided in this application is true and correct.

*Signature		*Date of Application:	
*Printed Name		*Date of Application:	