



Town of Northbridge Board of Health

7 Main Street
Whitinsville, MA 01588
Phone (508) 234-3272
Fax (508) 234-0821

APPLICATION FOR TRASH HAULER LICENSE

ANNUAL PERMIT FEE: \$200.00
(Application Fee is Non-Refundable)

Date: _____

Application is hereby made for a Trash Hauler License in accordance with the Rules and Regulations of the Northbridge Board of Health:

Company Name and Address: _____

Mailing Address: _____

Owner Name: _____

Contact Person: _____ Email: _____

Phone Number: _____ Fax Number: _____

Please indicate approximate percentage of trash and recyclables collected in Northbridge by:

RESIDENTIAL: _____% COMMERCIAL: _____%

- Have you attached a Certificate of Insurance as evidence of Comprehensive General Liability in an amount of not less than \$1,000,000 combined single limit for bodily injury and property damage?
- Have you attached a schedule of customer fees to be charged for residential and commercial pick up of solid waste and recyclables?
- Have you provided this office with a copy of the list that you provide your customers detailing acceptable waste types and recyclable materials, with description of proper packaging or bundling?

INVENTORY OF EQUIPMENT TO BE USED IN THE TOWN OF NORTHBRIDGE:

PLEASE LIST FACILITIES UTILIZED FOR DISPOSAL OF TRASH AND RECYCLABLES COLLECTED IN THE TOWN OF NORTHBRIDGE:

I certify that I have read the Rules and Regulations of the Northbridge Board of Health Sections 201-17, and hereby agree to abide by them. I understand that failure to submit the required reports of quarterly tonnage collected by this company within the time frames outlined in these regulations, that this company will be subject to penalties under the non-criminal disposition bylaws of the Town of Northbridge. I further understand that these penalties have been established at \$100 for the first offense; \$200 for the second offense; and \$300 for the third and subsequent offenses in a calendar year.

Signature of Applicant

Date

Please Print Applicant Name

*Permits shall expire December 31st of the year that it was issued.
No permit shall be transferred except with the approval of the Board of Health

MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under the law.

*Signature of Individual *or* Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, If Applicable)

**Social Security Number (Voluntary) or Federal Identification Number

* This license will not be issued unless this certification clause is signed by the applicant.
** Your Social Security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Law C. 62C s. 49A.