



TOWN OF NORTHBRIDGE  
**BOARD OF HEALTH**  
Aldrich School Town Hall Annex - 14 Hill 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:

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**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 31<sup>st</sup> of the year that it was issued.  
No permit shall be transferred except with the approval of the Board of Health

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**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.



The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
1 Congress Street, Suite 100  
Boston, MA 02114-2017  
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

**Applicant Information**

**Please Print Legibly**

Business/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Are you an employer? Check the appropriate box:**

1. ☐ I am an employer with \_\_\_\_\_ employees (full and/or part-time).\*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]\*\*
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

**Business Type (required):**

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other \_\_\_\_\_

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

\*\*If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

*I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.*

Insurance Company Name: \_\_\_\_\_

Insurer's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Policy # or Self-ins. Lic. # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

*I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Official use only. Do not write in this area, to be completed by city or town official.**

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office  
6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_