

Town of Marshfield  
BOARD OF HEALTH

FEE   \$200.00   Commonwealth of Massachusetts  
Marshfield, Massachusetts

**Application for Solid Waste Hauler Permit**

In accordance with M.G.L. Ch. 111, S.31A, B and the Marshfield Board of Health Rules and Regulations for Solid Waste, the undersigned makes application to the Board of Health for permission to remove and transport solid waste as set forth below:

Name of Applicant: \_\_\_\_\_

Business Name: \_\_\_\_\_

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

Telephone No.: \_\_\_\_\_

Contact Person: \_\_\_\_\_

List all transport vehicles with make, model, year, type/size of compactor, registration number and company name appearing on vehicle:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

List all drivers employed by applicant, with current driver license numbers and expiration dates:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

List all locations where solid waste will be disposed:

1. \_\_\_\_\_
2. \_\_\_\_\_

- Provide customer list (residential, municipal, commercial/industrial) by street address within thirty days of permitting.
- Provide copies of all area Board of Health hauler permits that you hold.

- Provide insurance certificate, per local Board of Health regulation.

I certify that the information I have provided above is true and accurate. I recognize that it is a violation of this permit to dispose of solid waste anywhere other than the identified disposal locations or others approved of by the Board as an amendment to this permit.

I hereby acknowledge that all of the above information is true and that I, as an individual or corporation, do not owe the Town of Marshfield any outstanding property taxes and/or a other assessments.

DATE \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_