

Date Received \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_ Permit # \_\_\_\_\_

FOR BOH OFFICE USE ONLY

TCC: Initial \_\_\_\_\_ Date \_\_\_\_\_



## TOWN OF SOUTHWICK BOARD OF HEALTH

454 College Highway, Southwick, MA 01077

Phone: (413) 569-1212 Fax: (413) 569-5284

### APPLICATION FOR A HAULER'S LICENSE TO REMOVE, TRANSPORT AND DISPOSE OF SOLID WASTE OR RECYCLABLES 2024

All sections of this application must be completed. An incomplete application will not be considered.

Full Name of Business \_\_\_\_\_

Include: Corporation or LLC d/b/a other

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Name of Owner \_\_\_\_\_

Address of Owner (if different) \_\_\_\_\_

If Corporation or partnership, give name, title, and home address of officers or partners:

Please select which type(s) of collection you will be providing:

☐ Solid Waste and Recyclables ☐ Recyclables Only ☐ Solid Waste Only (Commercial Customers/Generators)

☐ I have attached a copy of my certificate of insurance for public liability.

☐ All permitted haulers shall have the name of the company on each vehicle operating in the municipality, and each vehicle meets all *Department of Transportation* safety requirements at all times.

☐ Customers have been educated about the Waste Ban Materials/Recyclables.

☐ Pursuant to *MGL Ch. 62C Section 49A*, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

If approved, this permit will be effective from January 1, 2024 to December 31, 2024.

**APPLICATION FEE: \$100.00**

*Any false statement made by the Applicant knowing of its falsity or made without taking reasonable steps to determine its truth, or any incomplete or illegible information shall be cause or grounds for refusing to grant the license or permit, or for suspending, canceling or revoking a license or permit already properly granted.*

*I do hereby certify, under the pains and penalties of perjury that the information provided in this application is true and correct. I agree to comply with all regulations set forth in M.G.L. c111 s31A. I agree to allow the Board of Health or its agent's access and to provide all required information.*

\_\_\_\_\_  
SIGNATURE OF OWNER OR CORPORATE OFFICER

\_\_\_\_\_  
DATE

CHECK OR MONEY ORDER

MAKE PAYABLE TO: Town of Southwick

NO REFUND