

**Town of Dudley Board of Health**  
**71 West Main Street, Dudley, MA 01571**

**Date:** \_\_\_\_\_ **Permit Number:** \_\_\_\_\_ **FEE: \$300.00**  
**APPLICATION FOR PERMIT TO REMOVE, TRANSPORT AND DISPOSE OF GARBAGE,**  
**RUBBISH, OFFAL OR OTHER OFFENSIVE SUBSTANCES**

**Application is hereby made for a permit to Remove, Transport and Dispose of Garbage, Rubbish, Offal or Other Offensive Substances in accordance with Section 31A, Chapter 111 of the General Laws of the Commonwealth of Massachusetts as amended and subject to rules and regulations of the Dudley Board of Health.**

Applicant is  Individual  Corporation  Partnership  Other

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

Address of Main Office: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Name of Partners/Officers of Organization:

Name	Title	Address	Telephone
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Name	Title	Address	Telephone
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Name	Title	Address	Telephone
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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 the law.

\*This license will not be issued unless this certification clause is signed by the applicant

\_\_\_\_\_  
\*Signature of Applicant/Officer

\_\_\_\_\_  
\*\*Federal ID No. or Social Security No

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

*Permits will expire December 31<sup>st</sup> 2016*

Please return this application with an application fee of \$300.00 payable to the Town of Dudley to:  
Dudley Board of Health, 71 West Main Street Box 13, Dudley, MA 01571

Please list the following for each Trash or Hauling Truck:

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Make	Year	Model	Vehicle Registration Number	Tonnage
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Make	Year	Model	Vehicle Registration Number	Tonnage
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Make	Year	Model	Vehicle Registration Number	Tonnage
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Make	Year	Model	Vehicle Registration Number	Tonnage
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Attach sheets if necessary.

List the site(s) used for disposal:

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Name	Address
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Name	Address
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Name	Address
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**INSURANCE:**

Permit applicant with this application must provide Certificate of Insurance for General Liability and Automotive Liability as well as Workers' Compensation Insurance. Our fax number is 508-949-8031.

**. USE OF DUDLEY RIGHT-OF-WAY**

<b>OFFICE USE ONLY</b>	<b>COMMENTS</b>
_____ <b>Fee Paid</b>	
_____ <b>W.C. Affidavit</b>	
_____ <b>Certificate of Insurance</b>	