

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



Date: _____

Permit Number: _____

**FEE: \$200.00 Base
PLUS \$50.00 per Truck**

**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

Please return this application with appropriate application fee payable to the Town of Dudley to:
Dudley Board of Health, 71 West Main Street, Dudley, MA 01571.

Permits will expire December 31st. Renewals must be received a minimum of 30 days prior to expiration.

Please list the following for each Trash or Hauling Truck:

Make	Year	Model	Vehicle Registration Number	Tonnage

Attach sheets if necessary.

List the site(s) used for disposal:

Name	Address
Name	Address
Name	Address

INSURANCE:

Permit applicant must provide, with this application, Certificate of Insurance for General Liability and Automotive Liability as well as Workers' Compensation Insurance made to the Town of Dudley. ***These documents must be faxed directly to our office from your insurance agent or carrier.*** Our fax number is 508-949-8031.

USE OF DUDLEY RIGHT-OF-WAY - Each truck used by your company within the Town of Dudley must be registered, inspected, and stickered by The Town of Dudley Board of Health. Please contact the office at 508-949-9017 to schedule your inspection and sticker. Thank you.

OFFICE USE ONLY	COMMENTS
_____ Fee Paid	_____ Inspection Scheduled
_____ W.C. Affidavit	
_____ Certificate of Insurance	
Approved by: _____	Date: _____