

Community Name
SOLID WASTE HAULER PERMIT APPLICATION_{CIS}

No person may remove, transport or dispose of garbage, offal or other offensive substances without a current Board of Health (BOH) permit in accordance with the M.G.L. c. 111, s 31A.

Renewal Annual Application New Annual Application Revised Application

BUSINESS CONTACT INFORMATION

Note: Any change in ownership or operations requires a new permit application and filing fee. *Required Information.

*Applicant/Requester		*Property Owner	
*Business Name		*Site Address	
*Mailing Address		Assessor Map/Lot #	
*Phone Fax		*24/7 Contact Person	
*E-mail		*24/7 Phone	

HAULER QUALIFICATIONS

*I hereby apply for a permit to transport solid waste and attest to the accuracy of the following information:

*I am familiar with the requirements of Massachusetts General Laws regarding the transportation of solid wastes.

*I have the appropriate equipment and skills needed for remove and transport of solid wastes

*My company abides by all Massachusetts laws and regulations on recycling and medical and/or hazardous waste disposal.

*My company will report any unresolved violations of the regulations on recycling and/or hazardous waste disposal.

Other Qualifications and Certifications. Describe and Attach Information:

TYPE OF WASTES TRANSPORTED

Check all that apply. *Must Check at least 1 box:

Household Food/Restaurant Recyclables Compostable Grease/Fats Recyclables Commercial Industrial Construction Debris
 Dumpsters: Requires a permit if onsite more than 2 weeks. Other: Describe

<input type="checkbox"/> Hazardous Waste	Includes paints, oil, pesticides, chemicals	Describe	
<input type="checkbox"/> Medical Waste	Includes waste from doctors, dentist, hospitals	Describe	
<input type="checkbox"/> Sharps/needles	Sharps are prohibited from household waste	<input type="checkbox"/> Notice on Sharps Disposal options provided to customers	

*Plan for customers who do not comply with the recycling laws: Send Recycling Guides Send Warning Letter Refuse Load Other

SOLID WASTE DISPOSAL

Note: All waste disposal sites in Massachusetts must be approved by the Board of Health and the Department of Environmental Protection. Sites outside of Massachusetts must have local/state approvals as required by law.

<input type="checkbox"/> *Approved Solid Waste Disposal Primary Site:		Town/City Address		Telephone Number	
<input type="checkbox"/> Approved Solid Waste Disposal Alternate Site:		Town/City Address		Telephone Number	
<input type="checkbox"/> Approved Solid Waste Disposal Alternate Site:		Town/City Address		Telephone Number	
<input type="checkbox"/> Approved Solid Waste Disposal Alternate Site:		Town/City Address		Telephone Number	
<input type="checkbox"/> Approved Medical Waste Disposal Site:		Town/City Address		Telephone Number	

EQUIPMENT

	Vehicle Name	Make/Model	Year	Size in Yards	Plate #	Name/Logo on Vehicle	Vehicle Insp.Date
<input type="checkbox"/> *Equipment:							
<input type="checkbox"/> Equipment:							
<input type="checkbox"/> Equipment:							
<input type="checkbox"/> Other:							

FEES

1. Basic Fee must accompany application and is not refundable or transferrable. **Call for current Fee Schedule.**
2. All permits expire December 31 unless otherwise stated and must be renewed at least 60 days before expiring or the start of operations.
3. Applications received after December 1 or less than 60 days before starting operations will be charged a late fee of \$50 for each week late.

<input type="checkbox"/> *Basic Fee	\$ 250	<input type="checkbox"/> Late Fee	\$50
<input type="checkbox"/> Additional Fees	\$	<input type="checkbox"/> Total Fee Paid	\$ _

AGREEMENT

- *I affirm that I will comply with all state and local codes and allow the Board of Health access for inspections as required by law.
- *By checking this box and signing this application I certify that I comply with M.G.L c. 152, s.25(c), Workman's Comp Laws
- *I affirm that before updating or making changes to my facility, staff or operations; I will obtain permission and inspections from the Health, Building and Fire Departments as required by law.
- *By submitting this application, I certify under pains and penalties of perjury pursuant to MGL Ch. 62, sec. 49A that to the best of my knowledge and belief all state tax returns have been filed and all state taxes paid as required by law.

SIGNATURE

*I affirm and certify that the information provided is true, I am 18, the owner of the establishment referenced in this application or an authorized representative/agent with authority to apply for this permit and grant the Board of Health access for inspections as allowed by law.

Name/Title		*Date of Application:	
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ADDITIONAL GUIDES AND CHECKLISTS

Please download additional guidance on special operations.

Recycling	<input type="checkbox"/> Massachusetts Guide on Recycling <input type="checkbox"/> BCBOHA Recycling letters and notices	Sharps Disposal	<input type="checkbox"/> Guide on Sharps Disposal Options http://www.mass.gov/eohhs/docs/dph/environmental/sanitation/medical-waste/needles-syringes-disposal.pdf
Hazardous Wastes	<input type="checkbox"/> Guide on Hazardous Waste Disposal Options	Medical Waste	<input type="checkbox"/> 105 CMR 480 Requirements for Medical Wastes
Solid Waste	<input type="checkbox"/> Guide to Solid Wastes in Massachusetts	Medical Waste	<input type="checkbox"/> 105 CMR 480 Tracking Forms