

## **TOWN OF WESTMINSTER**

## **11 South Street** WESTMINSTER, MASSACHUSETTS 01473 (978) 874-7409 • Fax (978) 874-7462 **BOARD OF HEALTH**

## **APPLICATION FOR TRASH HAULER'S PERMIT**

ANNUAL FEE \$100 – Payable to the Town of Westminster Return application and annual fee to:

The Board of Health Office by November 25, 2022 In accordance with M.G.L. Ch. 111, Sec. 31A, the undersigned makes application to the Board of Health for permission to remove and/or transport garbage, trash and refuse as set forth below:

Name:	Federal ID#					
Business Name:						
Business Address:	. <u></u>					
Business Phone N	umbers:		Cell :			
Email address:		24 Hour Emergency Number:				
Weekly Resi	offered in Westm idential Pick-up Dumpsters	One Time F	Residential Pick-u	ipCommercial P	ick-up	
Number of Permitted Trucks: Number of Roll-offs: Number of Dumps				ters		
Description of Ve	chicles: Add an ad	lditional sheet i	f needed			
Make	Year	Туре	Model	Color	Plate No.	
Wake	I cai	туре	Widder	Color	Flate NO.	
Make	Year	Туре	Model	Color	Plate No.	
Site of Disposal In refuse and recycla		ne, address and p	hone number of	facilities which will be u	ised to dispose of	
Where are trucks,	dumpsters, roll-off	s being cleaned?				
	C 62C, S 49A, I ce returns and paid al			y that I, to the best know	vledge and belief have	
Signature of Applicant			Title		Date	
Please include Ce **Office Use:	rtificate of Insura	nce, Copies of V	ehicle Registrati	ons.		
Date Application Date Application Date Permit/Reg						