

PAYABLE BY CHECK OR MONEY ORDER TO CITY OF SPRINGFIELD

SPRINGFIELD DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF ENVIRONMENTAL HEALTH
311 STATE STREET
SPRINGFIELD, MA 01105
(413) 787-6740 : (413) 787-6458 FAX : (413) 787-6745 TTY



FEES:

LICENSE: \$200
PER TRUCK: \$30

APPLICATION FOR PERMIT/REMOVAL OR TRANSPORT OF GARBAGE
RUBBISH/REFUSE OR OTHER OFFENSIVE SUBSTANCES

IN ACCORDANCE WITH M. G. L. CHAPTER 111, SECTION 31 AND THE RULES AND REGULATIONS OF THE SPRINGFIELD PUBLIC HEALTH COUNCIL THE UNDERSIGNED HEREBY APPLIES FOR A PERMIT TO REMOVE OR TRANSPORT GARBAGE, RUBBISH/REFUSE OR OTHER OFFENSIVE SUBSTANCES.

***** PLEASE TYPE OR PRINT *****

DATE: _____

COMPANY NAME: _____ TEL. NO.: _____

ADDRESS: _____
STREET CITY STATE ZIP CODE

OWNER NAME: _____ TEL. NO.: _____

MANAGER NAME: _____ TEL. NO.: _____

NO. OF VEHICLES: _____ VEHICLE REGISTRATION NO.: _____

NO. OF DUMPSTERS USED ANNUALLY: _____

TYPES OF WASTE PRODUCT(S) REMOVED AND/OR TRANSPORTED: (CHECK ALL THAT APPLY)

GARBAGE (FOOD WASTE) RUBBISH/REFUSE INFECTIOUS DISEASE

TYPES OF DISPOSAL: (CHECK ALL THAT APPLY)

LANDFILL INCINERATOR TRANSFER STATION INFECTIOUS WASTE

OTHER (PLEASE SPECIFY): _____

DISPOSAL FACILITY NAME: _____ TEL NO.: _____

ADDRESS: _____
STREET CITY STATE ZIP CODE

I HEREBY CERTIFY, UNDER PAINS AND PENALTIES OF PERJURY, THAT TO THE BEST OF MY KNOWLEDGE, THE INFORMATION PROVIDED ON THIS APPLICATION IS COMPLETE AND ACCURATE AND NOT MISREPRESENTED IN ANYWAY.

IF ANY INFORMATION AS PROVIDED ON THIS APPLICATION CHANGES, NOTIFICATION OF SUCH CHANGES WILL BE MADE TO THE SPRINGFIELD DEPARTMENT OF HEALTH AND HUMAN SERVICES WITHIN THIRTY (30) DAYS OF SAID CHANGES AND/OR ADDITIONS.

PURSUANT TO M.G.L. CHAPTER 62C, SECTION 49A, I CERTIFY UNDER THE PENALTIES OF PERJURY THAT I, TO MY BEST KNOWLEDGE AND BELIEF, HAVE FILED ALL STATE RETURNS AND PAID ALL STATE TAXES REQUIRED UNDER LAW.

SOCIAL SECURITY # / FEDERAL ID #

CORPORATE NAME / SIGNATURE OF APPLICANT

CORPORATE OFFICER (IF APPLICABLE)