Town of Alford

Solid Waste Hauler Permit applicationv4

*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.*

# BUSINESS CONTACT INFORMATION

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| --- |
| Note: Any change in ownership or operations requires a new permit application and filing fee. |
| \*Applicant/Requester |  | \*Role/Title |  |
| \*Business Name |  | \*Site Address |  |
| \*Mailing Address |  |  | \*E-mail |  |  |
| \*Business Phone  |  |  | \*Emergency Phone |  |

# 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  Hazardous Waste | Includes paints, oil, pesticides, chemicals | Describe |  |
| [ ]  Medical Waste | Waste from doctors, dentist, hospitals | Describe |  |
| [ ]  Sharps/needles | Sharps are prohibited from household waste | [ ]  Notice on Sharps Disposal options provided to customers |
| [ ] \*Do you have a plan for customers who do not comply with the recycling laws? Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

# Solid Waste Disposal sites

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| 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.  |
| [ ]  \*Approved Solid Waste Disposal Primary Site:  |  | Town/City Address |  |
| [ ]  Approved Solid Waste Disposal Alternate Site: |  | Town/City Address |  |

# Equipment

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Transport Vehicle Name  | Make/Model | Year | Size in Yards | Plate #  | Name/Logo on Vehicle | Vehicle Inspection Date |
| [ ]  \*Equipment:  |  |  |  |  |  |  |  |
| [ ]  Equipment:  |  |  |  |  |  |  |  |
| [ ]  Equipment:  |  |  |  |  |  |  |  |
| Fees (Payable to each town)**Fee $75 payable to the Town of Alford**  |

# SIGNATURE Certification

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| By typing my name below and clicking on the certification boxes, I agree that I am submitting a signature for this application. [ ]  \*I affirm and certify that I am the owner of the company referenced in this application or an authorized representative/agent with authority to apply for this permit or witness/inspections and grant access for inspections as allowed by law. [ ]  \*I do hereby certify and affirm under the pains and penalties of perjury that I am over 18 years old, the information provided in this application is true and correct.

|  |  |  |  |
| --- | --- | --- | --- |
| \*Signature |  | \*Date of Application: |  |
| \*Printed Name |  | \*Date of Application: |  |

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