

COMMONWEALTH OF MASSACHUSETTS
ESSEX, MASSACHUSETTS

APPLICATION FOR SEPTAGE & OFFAL HAULER PERMIT

Fee: \$100.00

Expires: _____

In accordance with M.G.L. c. 111, Section 31B and 310 CMR 15.402 (Title 5) the undersigned makes application to the Board of Health for permission to remove and transport septage and the content of privies and cesspools and offal as set forth below:

Name of Applicant: _____

Business Name: _____

Address: _____

Telephone Number: _____

List number and types of equipment and their gallonage capacity:

List areas where material will be accepted from (and append customer list):

List all locations where material will be disposed of (include a copy of the contract or the approval for use of the disposal location):

I certify that the information I have provided above is true and accurate. I recognize that it is a violation of this permit to dispose of septage or offal anywhere other than the identified locations or others approved by the Board in writing as an amendment to this permit.

Date: _____ Signature of Applicant: _____

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if Applicable)

**Social Security # (Voluntary) or Federal Identification Number

* This license will not be issued unless this certification clause is signed by the applicant.

** Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency **will be subject to license suspension or revocation**. This request is made under the authority of Mass. G.L.'c.62Cs.49A.

**PLEASE BE SURE THAT THE REQUIRED STATE TAX INFORMATION IS COMPLETE
AND THE APPLICATION IS SIGNED.**