

TOWN OF MILLBURY
 BOARD OF HEALTH
 127 Elm Street
 MILLBURY, MA 01527
<http://www.millburyma.gov>
 Telephone #: 508-865-4721



SOLID WASTE HAULER

**Base Fee of \$200.00 plus \$100.00
 per Truck Sticker Fee**
(Fee is Non-Refundable & Non-Transferable)

of Trucks: _____

SOLID WASTE HAULER APPLICATION
(Permit Expires Yearly on March 31st)

Make checks payable to: **Town of Millbury**

IMPORTANT: ONLY COMPLETE APPLICATIONS WILL BE ACCEPTED

Business Name:		
Business Address:		
City:	State:	Zip Code:
Contact Person:		
Email (required):		
Telephone Number:		
24 Hour Telephone Number:		
Name of Applicant:		
Signature of Applicant:		
Date of Signature:		

Signature indicates that you, as a permitted hauler, understand the below listed requirements and will follow such requirements for a permit as directed by the Millbury Board of Health in accordance with M.G.L. Chapter 111 Sections 31A and 31B and Millbury By-Law. "Pursuant to MGL Chapter 62C, Section 49A 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 by law."

STICKER INSTRUCTIONS:

Stickers will be placed on the driver's side of the vehicle as assigned by the Board of Health. Stickers are non-transferrable. **Lost, damaged, or stolen stickers must be replaced at your expense.***

***(Initial to indicate you have read and understand these instructions _____)**

REQUIREMENTS:

Solid Waste Hauler's must email the following with the application:

- ★ Certificate of Insurance
- ★ Copy of Vehicle(s) Registration
- ★ Attach list that includes:
 - Plate numbers/Registration numbers

Approved By: _____

\$200.00 plus # of Trucks _____ at \$100.00 per Truck
Amount: _____ Check#: _____
Add on Trucks at \$100.00 Per Truck:
Date: _____ # of Trucks: _____
Amount: _____ Check#: _____

COMPANY NAME:

ADDRESS:

HAULER TRUCK LIST

TOWN OF MILLBURY

Check all boxes below that apply

	This Column is to be ASSIGNED and COMPLETED BY THE BOARD OF HEALTH ----- STICKER #	PLATE/REGISTRATION NUMBER	RUBBISH	RECYCLABLES	Industrial or Hazardous Waste	C&D	GARBAGE	SEWERAGE
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

For Office Use only:

Total Paid: _____

Check #: _____