

Fee: \$75.00 per truck / payable to City of Attleboro by March 31st

(Fee effective May 17, 2016)

THE COMMONWEALTH OF MASSACHUSETTS
CITY OF ATTLEBORO – HEALTH DEPT.

Application # _____

Annual application for permit to engage in the business of: collection, transport and disposal of septic, grease and similar waste within the City of Attleboro.

Full name of applicant: _____

Business name _____

Business address _____ Telephone _____

If applicant is a partnership, list full name and addresses of all partners:

If applicant is a corporation, list officers: Name _____ Title _____
Name _____ Title _____

Briefly state your experience in this field:

Are you familiar with the Massachusetts Sanitary Code Regulation regarding transport of waste? Y ___ N ___

Where do you dispose of the waste collected in your pumping trucks: *(attach list if needed)*

Name _____ Location _____
Name _____ Location _____

State truck registration number(s) and tank capacity: Registration # _____ Gallons _____
Registration # _____ Gallons _____
Registration # _____ Gallons _____

Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.

Signature of Applicant: _____

Social Security Number or Federal ID: _____

Date: _____

ANNUAL INSPECTION OF VEHICLE CARRYING SEPTIC TANK CONTENTS

PLACE: _____ **DATE:** _____

Condition of vehicle(s) _____ **Registration No.(s)** _____

Condition of tank(s) _____

Condition of pumps and valves _____

Other _____

Date _____

Inspector _____