



TOWN OF HOPEDALE

Board of Health

78 Hopedale Street - P.O. Box 7
Hopedale, Massachusetts 01747
Tel: 508-634-2203 Ext. 222 Fax: 508-634-2200

REQUIREMENTS FOR TRASH HAULER PERMIT

1. Completed Application
2. Appropriate Fee
3. Copy of Business License
4. Copy of Certificate of Liability Insurance
5. Workers' Compensation Insurance Affidavit



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Application for Permit to Operate Dumpster Service and/or Removal and/or Transportation of Garbage, Rubbish, etc.

Please print:

This application is hereby made for a permit to operate a dumpster service and/or removal and/or transportation of garbage, rubbish, offal or other offensive substances in the Town of Hopedale, in accordance with Section 31A, Chapter III of the General Laws of the Commonwealth of Massachusetts and the Rules and Regulations of the Board of Health.

Check one: ☐ **Individual** ☐ **Corporation** ☐ **Partnership** ☐ **Other**

Name of Organization: _____

Address of Main Office: _____

Contact Person: _____

Phone No.: _____

Email: _____ **(required)**

Names of Partners/Officers of Organization:

<u>Name</u>	<u>Title</u>	<u>Address</u>	<u>Phone No.</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List where material is disposed:

Name of Organization: _____

The following are the names and addresses of customers serviced in the Town of Hopedale, as of _____, 20____.

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

(may attach a computer printout)

Authorized Officer:

Print Name

Signature

Date