



**Town of East Bridgewater  
Board of Health**

**PERMIT TO REMOVE, TRANSPORT AND DISPOSE OF GARBAGE,  
RUBBISH, OFFAL OR OTHER OFFENSIVE SUBSTANCES**

**FEE:  
\$300.00**

**Applicant's Information: New ( ) or Renewal ( ) - # of Trucks:\_\_\_\_\_**

Business: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_

Email: \_\_\_\_\_

Check whether applicant is:

( ) Individual    ( ) Corporation    ( ) Partnership    ( ) Other

Name of Organization: \_\_\_\_\_

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Address of Main Office: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Partners or Officers of Organization:

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Name	Title	Address	Telephone No.
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\_\_\_\_\_  
Signature of Applicant or Officer

**Permit expires at the end of each calendar year.**

(Please complete reverse side.)

*Please list Make, Year, Model and the Vehicle Registration Number for Each Truck:*

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**REFUSE DISPOSAL**

Site Used: \_\_\_\_\_  
Name Address

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

\_\_\_\_\_  
\*Signature of Individual Or Corporate Name (Mandatory)

\_\_\_\_\_  
By: Corporate Officer (Mandatory if applicable)

Attached to this application is a copy of:

1. Liability & Workman's Comp. Insurance
2. Workman's Comp. Application

Please submit with payment to the address listed below. Checks can be made out to the "Town of East Bridgewater."

Town of East Bridgewater Board of Health  
175 Central Street  
East Bridgewater MA 02333

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**FOR OFFICE USE ONLY**

PAYMENT RECEIVED: \_\_\_\_\_

W.C. AFFIDAVIT: \_\_\_\_\_

INSPECTION DATE: \_\_\_\_\_

PERMIT ISSUE DATE: \_\_\_\_\_