



**Town of Stoughton
BOARD OF HEALTH**

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

\$150.00

Applicant's Information

Name: _____

Address: _____

Tel #: _____

Email: _____

Check whether applicant is:

Individual Corporation Partnership Other

Name of Organization: _____

Address of Main Office: _____

Mailing Address (if different): _____

Phone Number: _____

Email Address: _____

Name of Partners or Officers of Organization:

| Name | Title | Address | Telephone No. |
|------|-------|---------|---------------|
|------|-------|---------|---------------|

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|--|--|--|--|
| | | | |
|--|--|--|--|

Signature of Applicant or Officer

Permit expires at the end of the calendar year.

(Please complete reverse side.)

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

REFUSE DISPOSAL

Site Used: _____
Name Address

List all Stoughton customers (include street address, size and type of container)

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 Stoughton”

Town of Stoughton
Board of Health
10 Pearl Street
Stoughton, MA 02072

FOR OFFICE USE ONLY

PAYMENT RECEIVED: _____

W.C. AFFIDAVIT: _____

INSPECTION DATE: _____

PERMIT ISSUE DATE: _____