

Tewksbury Board of Health Department
175 Chandler Street
Tewksbury MA 01876
Telephone: 978-640-4470 Fax: 978-640-4472

Fee: \$75.00 (per vehicle)	Expires: Dec 31
# of Vehicles	Date Paid:
Date Received	Check No.

**APPLICATION FOR OFFAL, SOLID WASTE, MEDICAL WASTE COLLECTION,
TRANSPORT & DISPOSAL PERMIT**

Company's Information:

Facility's Name:		Telephone:	
Address:	City:	State:	Zip Code:

Applicant's Information:

Name:		Telephone:	
Address:	City:	State:	Zip Code:

Vehicle Registration Number(s):

Make/Model/Year/Plate No.

Attach the following documents:

“Workers Compensation Insurance Affidavit: General Business”
Insurance Binder with your company name and address included

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

Social Security Number or Tax Identification Number: _____	
_____ Signature of Applicant:	_____ Date Signed:
_____ Signature of Individual or Corporation Name	_____ Signature of Corporate Officer

Payment shall accompany this application with a check or money order payable to the “Town of Tewksbury”