

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

Fee: <b>\$75.00 (per vehicle)</b>	Expires: Dec 31
Date Received	Date Paid:
	Check No.

## APPLICATION FOR SEPTAGE HAULER PERMIT

**Company's Information:**

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

**Applicant's Information:**

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

**Equipment Information:**

List number and types of equipment:
Gallon capacity:

**Vehicle Registration Number(s):**

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List areas where septage will be accepted from (append customer list):

List all locations where septage will be disposed of (including a copy of the contract or approval for use of this disposal location):

**IMPORTANT:**

I understand that I shall comply with the Local, State and Federal Regulations and that the issuances of this permit in no way releases the applicant from other Regulatory agency's requirements.

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.

**Attach the following documents:**

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

<b>Social Security Number or Tax Identification Number:</b> _____
<b>Signature of Applicant:</b> _____ <b>Date Signed:</b> _____

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