

Tewksbury Health Department
Town Hall
1009 Main Street
Tewksbury MA 01876
Telephone: 978-640-4470

Fax: 978-640-4472

health@tewksbury-ma.gov

Fee: \$75.00 (per vehicle)	Expires: Jan 31
Amount Received	Date Paid:
Permit #:	Check #:

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

Company Information:

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

Applicant Information:

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

Vehicle Registration(s) [State & Number]:

Make/Model/Year/State and Plate Number

Pursuant to MGL Ch. 62C section 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, 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"
Check – Made payable to "Town of Tewksbury"
Insurance Binder with your company name and address included

Social Security or Tax ID Number: _____

Signature of Applicant: _____

Date: _____