



AVON BOARD OF HEALTH

Buckley Center / 65 East Main St. / Avon, MA 02322
508-588-0414

www.avonmass.org

Date: _____ Permit Number: _____ Annual Fee: **\$150.00**

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

**Application is hereby made For a permit to REMOVE, TRANSPORT AND DISPOSE OF
GARBAGE, RUBBISH, OFFAL OR OTHER OFFENSIVE SUBSTANCES in accordance with
Section 31A, Chapter 111 of the General Laws of the Commonwealth of Massachusetts as amended
and subject to rules and regulations of the Avon Board of Health.**

Applicant is: Individual Corporation Partnership Other

Name of Applicant: _____

Address of Main Office: _____

Mailing Address: _____

Telephone Number: _____

Name of Partners/Officers of Organization:

Name	Title	Address	Telephone

Name	Title	Address	Telephone

Name	Title	Address	Telephone

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

*Signature of Applicant/Officer

**Federal Id. Number or Social Security Number

Address

Permits expire December 31st of this calendar year.

Please return this application with an application fee of \$ 150.00 per company payable to the Town of Avon to:

Trash Hauler's Permit Ap. 08

Avon Board of Health
Buckley Center
65 East Main Street
Avon, MA 02322

Please List the following for each Trash or Hauling Truck:

Make	Year	Model	Vehicle Registration Number
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Make	Year	Model	Vehicle Registration Number
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Make	Year	Model	Vehicle Registration Number
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Make	Year	Model	Vehicle Registration Number
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List the site(s) used for disposal:

Name	Address
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Name	Address
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Name	Address
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*This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security # will be furnished to the Massachusetts Department of revenue to be determined whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. General Laws, Chapter 62C, Section 49A.

OFFICE USE ONLY

COMMENTS

_____ Fee Paid
_____ W.C. Affidavit
_____ Certificate of Insurance Rec'd
_____ BOH Customer #