Billerica Board of Health

Town Hall
365 Boston Road
Billerica, MA 01821
Phone: 978-671-0931
Fax 978-671-0919
Web Site www.town.billerica.ma.us

APPLICATION FOR COMPANY LICENSE TO REMOVE AND TRANSPORT OFFENSIVE SUBSTANCES

Pursuant to Billerica Board of Health Regulations Chapter 5, Section 5.6.002

PLEASE PRINT

FEE $ 100.00

_____NEW _____ RENEWAL **DATE _____**

Name of Company: (include all the names of companies which you operate by)

1. _____

2. _____

3. _____

4. _____

BUSINESS ADDRESS_____

MAILING ADDRESS (if different)

_____

EMAIL ADDRESS_____

NAME OF OWNER _____

HOME ADDRESS_____

TELEPHONE (BUSINESS) _____ (HOME)_____

NUMBER OF DRIVERS _____ (EACH DRIVER MUST SIGN AN EMPLOYEE ACKNOWLEDGEMENT FORM)

TYPE OF TRUCKS	YEAR	MODEL	REG. #	CAPACITY
1.				
2.				

3._____

4._____
(ATTACH A SEPARATE SHEET, IF NECESSARY)

AIR TIGHT: _____ YES _____ NO WATER TIGHT: _____ YES _____ NO

LIST ALL LOCATIONS WHERE SEPTAGE/OFFENSIVE SUBSTANCES WILL BE DISPOSED OF:

_____

_____

_____

NOTE: YOUR COMPANY LICENSE MUST BE DISPLAYED ON EACH VEHICLE

The above statements are true to the best of my knowledge. I understand that any change of vehicles, company name or facts relative to this license must be submitted and approved by the Billerica Board of Health. Failure to inform the Billerica Board of Health of any license changes or violations of any State, Federal, County or Local Laws, Rules and Regulations may be cause for revocation or suspension of this license.

Pursuant to Billerica Health Regulations, Chapter 1, Section 1.9.001 this application is subject to a thirty (30) day review and approval period.

LATE RENEWALS WILL BE ASSESSED A LATE FEE IN ACCORDANCE WITH THE MOST CURRENT BOARD OF HEALTH FEE SCHEDULE. LATE FEES ARE EQUAL TO THE ORIGINAL PERMIT FEE. FAILURE TO TAKE APPROPRIATE ACTION TO RENEW PERMITS MAY RESULT IN ADDITIONAL FEES OR FINES TO BE IMPOSED OR OTHER ADMINISTRATIVE ACTION.

Pursuant to Massachusetts General Law Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

_____ _____
Print Name of Authorized Signature Company Name

_____ _____
Authorized Signature Date Social Security # / Federal Identification #

RECEIVED