



# TOWN OF YARMOUTH

1146 ROUTE 28, SOUTH YARMOUTH, MASSACHUSETTS 02664-24451  
Telephone (508) 398-2231, ext. 1241  
Fax (508) 760-3472

Board of  
Health  
-  
Health  
Division

## APPLICATION FOR REFUSE COLLECTION & TRANSPORTATION PERMIT - 2020

License Fee: \$250.00

Renewal

New Application

### PLEASE COMPLETE ALL QUESTIONS

NAME OF BUSINESS \_\_\_\_\_ TAX ID (FEIN or SSN) \_\_\_\_\_

BUSINESS TEL.NO. \_\_\_\_\_ E-MAIL \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT) \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_ HOME TEL. NO. \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

NUMBER OF RUBBISH TRUCKS \_\_\_\_\_

### **ON THE FOLLOWING LINES LIST EACH TRUCK BY LOAD CAPACITY & REGISTRATION NUMBER:**

1. \_\_\_\_\_ TONS REGISTRATION NUMBER \_\_\_\_\_

2. \_\_\_\_\_ TONS REGISTRATION NUMBER \_\_\_\_\_

3. \_\_\_\_\_ TONS REGISTRATION NUMBER \_\_\_\_\_

4. \_\_\_\_\_ TONS REGISTRATION NUMBER \_\_\_\_\_

5. \_\_\_\_\_ TONS REGISTRATION NUMBER \_\_\_\_\_

(USE EXTRA SHEET IF MORE THAN 5 TRUCKS)

LOCATION WHERE TRUCK(S) IS (ARE) STORED \_\_\_\_\_

Each collection truck must comply with the following:

1. Business name noted on truck.
2. Tight seals to prevent leakage.

Under Chapter 152, Sec. 25C, Subsection 6, the Town of Yarmouth is now required to hold issuance or renewal of any license or permit to operate a business if a person or company does not have a certificate of worker's compensation insurance. **The attached State Worker's Compensation Insurance Affidavit must be completed and signed.**

Town of Yarmouth taxes and liens must be paid prior to renewal or issuance of your permits. Please check appropriately if paid: yes  no

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)