



Town of North Attleboro  
 Board of Health  
 43 South Washington Street  
 North Attleboro, MA 02760

Date rec. \_\_\_\_\_  
 Amount paid \$ \_\_\_\_\_  
 Check # \_\_\_\_\_  
 License # TH \_\_\_\_\_  
 Licensed issued: \_\_\_\_\_  
 Date of inspection \_\_\_\_\_  
 All documents received \_\_\_\_\_

**For office use only**

New  Renewal  license application for:

**WASTE HAULER**

License valid through: **October 31, 201\_**

**Fee: \$ 100.00 Per Truck**

\$125.00 late fee if renewal application is received after October 31<sup>st</sup>

Owner/Corporate Name:		
Address:		
City, State, Zip:		
Mailing Address (if different):		
Web Address:	Federal TIN #:	
Telephone #:	Fax #:	
Applicant's Name:		
Telephone #:		
E-Mail Address:		
# of Trucks:	# of Dumpsters	Recycling Containers Provided? Yes No
<b>Registration #'s and description of trucks</b> to be used in North Attleboro (attach separate sheet if necessary):		
<b>Destination of Trash:</b>		
<b>Destination of Recycling:</b>		

The undersigned hereby applies for a license in the Town of North Attleboro in accordance with the provisions of the General Laws relating thereto and in accordance with the provisions of its **Board of Health Waste Hauling Regulation\*** made under authority of M.G.L. c.111 §31.

- All licenses are issued for one year beginning October 31<sup>st</sup> and are not pro-rated.
- All new applicants are required to appear before the Board of Health when it considers your application for the first time.
- Make check payable to the Town of North Attleboro and return your application with check to Board of Health.
- A license cannot be issued unless all the information requested is complete and the applicant signs the certification statement below.
- Your company's Tax Identification Number (TIN) is requested under the authority of MGL c.62C §49A and will be furnished to the MA Dept. of Revenue to determine whether you have met tax filing or tax payment obligations. Applicants who fail to correct their federal, state, or local tax delinquency or non-filing obligations will be subject to license suspension, revocation or non-renewal.

(OVER)

**The regulation above requires that you annually provide the Board of Health with:**

- A list of all residential, municipal and commercial/industrial customers serviced by you, the operator
- A spreadsheet of monthly estimated average solid waste and recyclables tonnage from all your North Attleboro customers. (Annually, for previous year)
- A current copy of the applicant’s descriptive literature explaining its Integrated Waste Management Services to potential customers.
- Certificate of Liability Insurance
- North Attleboro requires integrated services, if recycling is not provided, please include a detailed explanation.

I certify under the penalties of perjury that I have received, read and understood the Board of Health regulation cited above, and to the best of my knowledge and belief, I attest that I have filed all required federal and state tax returns and paid all applicable federal, state and Town of North Attleboro taxes required under law.

\_\_\_\_\_  
Signature of Owner, Manager or Corporate Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title

\*An electronic copy of the **Waste Hauling Regulation** can be found on the official Town of North Attleboro Board of Health web site at [www.north-attleboro.ma.us/boh](http://www.north-attleboro.ma.us/boh)