



# Town of Hull

## HEALTH DEPARTMENT

TEL: (781) 925-2224

FAX: (781) 925-2228

253 ATLANTIC AVE

HULL, MA 02045

### APPLICATION TO TRANSPORT GARBAGE, REFUSE IN THE TOWN OF HULL

IN ACCORDANCE WITH THE PROVISIONS OF SECTION 31A OF CHAPTER 111 OF THE GENERAL LAWS AND THE RULES AND REGULATIONS OF THE HULL BOARD OF HEALTH, THE UNDERSIGNED HEREBY APPLIES FOR A PERMIT TO COLLECT AND TRANSPORT GARBAGE AND REFUSE IN THE TOWN OF HULL FOR THE PERIOD ENDING DECEMBER 31, 20\_\_\_\_.

PERMIT FEE: \$100.00 per truck

#COMMERCIAL\_\_\_\_\_

#RESIDENTIAL\_\_\_\_\_

NAME OF APPLICANT\_\_\_\_\_

(Individual, Partnership or Corporation)

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

NAME OF CONTACT PERSON\_\_\_\_\_

BUSINESS PHONE\_\_\_\_\_

NUMBER OF TRUCKS\_\_\_\_\_ TYPE OF TRUCK\_\_\_\_\_

CAPACITY OF TRUCK\_\_\_\_\_ DISPOSAL SITE\_\_\_\_\_

MVD REGISTRATION OF TRUCKS\_\_\_\_\_

RECYCLING TONNAGE FOR 2009

ACTUAL\_\_\_\_\_ or ESTIMATED\_\_\_\_\_

\*NEW for 2010

I HEREBY AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE HULL BOARD OF HEALTH AND FAILURE TO DO SO WILL CAUSE SAID PERMIT TO BE REVOKED.

DATE\_\_\_\_\_ SIGNATURE\_\_\_\_\_

TITLE\_\_\_\_\_

Please also furnish current Certificate of Insurance Liability per Section 4 of the enclosed Rules & Regulations.