



Town of Hull

BOARD OF HEALTH

TEL: (781) 925-2224

FAX: (781) 925-2228

253 ATLANTIC AVE.

HULL, MA 02045

PERMIT APPLICATION

TO REMOVE, TRANSPORT AND DISPOSE OF SOLID WASTE OR
RECYCLABLES IN HULL, MA

Instructions

All sections of this application must be completed. Incomplete applications will not be considered.

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 under-signed hereby applies for a permit to collect and transport garbage and refuse in the Town of Hull for the period ending December 31.

Check here if this is your first application. Check here if this is a renewal application.

Permit Fee

The application fee is \$150.00 per truck seeking a permit to operate in the Town of Hull.

Please select which type(s) of collection you will be providing (*check all that apply*):

Solid Waste and Recyclables Recyclables Only Construction Roll-offs (dumpsters)

Permit Date

If approved, this permit will be effective from **January 1** to **December 31**.

Company Information		
Company Name		
Contact Name		
Location Address		
City, State ZIP Code		
E-Mail Address		
Telephone #		
Mailing Address (if different)		
City, State, ZIP Code		
Emergency 24-hour Contact Name		
Emergency 24-hour Telephone #		
Truck Information		
Number of collection trucks to be used in Town of Hull during the permit year: _____.		
<i>(Use separate sheet to list additional trucks)</i>		
Truck Registration Number	Type and Capacity	Date of Last Inspection

Continued on back page →

Disposal/ Recycling Information

List facilities where Solid Waste and/or Recyclables will be delivered for disposal or processing during the permit year. *(Note multiple outlets if used during the permit year. Weight slips may be requested to verify end disposal site.)*

Solid Waste Disposal Facility	Address	Material(s) Delivered
Solid Waste Tonnage for current year		
Recyclables Processing Facility/MRF	Address	Material(s) Delivered
Recycling Tonnage for current year	Actual _____	Estimated _____

Please check all and make sure all associated attachments are included.

Incomplete applications will not be considered.

- I understand that I may be required to submit a Solid Waste and Recyclables Reporting Form upon request.
- I have attached a copy of my certificate of insurance for public liability and property insurance.
- I certify that the company I represent operates in compliance with the Massachusetts Waste Ban regulations and the Mercury Disposal Prohibition.
- I have attached a copy of my marketing materials indicating the types of services offered, reminding Customers that recycling is mandatory, and describing the Massachusetts Waste Ban Materials. (4/15/2018)
- I confirm that my company is in compliance with the Bundled Service requirement outlined in Section 3 (5. c) of these regulations. (4/15/2018)
- I have attached a copy of my notification that will go to Customers who set out visible Waste Ban Materials mixed with Solid Waste, including a reminder that recycling is mandatory, describing what was seen that violated the Waste Bans, and providing a phone number for the Board of Health. (4/15/2018)
- All employees understand and will help educate all Customers about the Massachusetts Waste Bans.
- I am an authorized official of the company applying for this permit.
- Pursuant to MGL Ch. 62C Section 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Signature of Company Official Printed Name Title Date

Date received _____ Check # _____ Treasurer/Collector _____