



**TOWN OF DOUGLAS
BOARD OF HEALTH
29 DEPOT STREET
DOUGLAS, MA 01516**

(508) 476-4000 x252
kharris@douglasma.org

**508-476-0023 FAX
508-476-1619 TTY**

**APPLICATION FOR A TRASH HAULERS PERMIT
FOR THE YEAR 2021**

DATE: _____

NAME OF APPLICANT: _____

BUSINESS NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

MAILING ADDRESS (if different) ; _____

BUSINESS TELEPHONE NO: _____

EMERGENCY NO: _____

You must provide the Board of Health with the following information. Please use a separate sheet if needed:

Pick up schedule (which streets on which days): _____

Disposal site (name and address of facility): _____

Type of refuse collected: _____

Number of households served in Douglas: _____

FEE:

Minimum charge of \$150.00
Each additional truck at \$25.00 each.

TOTAL DUE AND ENCLOSED _____

Registration for each truck _____

YOU MUST SUPPLY THE BOARD OF HEALTH WITH YOUR TONNAGE AND RECYCLING FIGURES ON AT LEAST A QUARTERLY BASIS.

Please read the attached policy for additional requirements.

I have read the attached policy and will abide by the rules and regulations for trash haulers within the Town of Douglas.

I understand that my failure to abide by these rules may result in the revocation, suspension or modification of my trash haulers permit.

Applicant's signature

Date

Please return to the above address:

- This application
- Copies of Worker's Compensation and Liability Insurance Certificates with the *Douglas Board of Health listed as the certificate holder*
- The enclosed Worker's Compensation Insurance Affidavit **signed**
- A check payable to "Town of Douglas"