



# CITY OF NEWBURYPORT HEALTH DEPARTMENT

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## APPLICATION FOR SEPTAGE HAULER PERMIT

**PERMIT FEE: \$250 APPLICATION FEE (Includes first vehicle)      \$50 for each additional vehicle**

In accordance with M.G.L. c.111, Section 31B and 310CMR 15.502 (Title V), the undersigned hereby makes application the Board of Health for permission to remove and transport septage and fats, oils & grease (FOG) as set forth below.

Name of Applicant: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Business Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Owner / Corporation Name: \_\_\_\_\_

Motor Vehicle Registration – Make / Model / Color / Capacity (Gallons):

\*\*\*Attach a copy of each vehicle's registration.

#1 \_\_\_\_\_

#2 \_\_\_\_\_

#3 \_\_\_\_\_

#4 \_\_\_\_\_

List of locations where septage and/or fats, oils, grease (FOG) will collected. (Enclose a list of contracted customers):

\_\_\_\_\_  
\_\_\_\_\_

List locations where septage and/or fats, oils, grease (FOG) will be disposed. (Include a copy of the contract or approval for use of each disposal location.)

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*Enclose proof of possession of at least \$100,000 general liability insurance.

*I certify that the information I have provided above is true and accurate. I recognize that it is a violation of this permit to dispose of septage or fats, oils, grease anywhere other than the identified disposal locations or other locations approved in writing by the Board of Health. I agree to conduct my business in compliance with MGL Chapter 111, Sections 31A, 31B, Sections 15.502, 15.503 and 15.505 of 310CMR 15.000 (Title 5) of the State Environmental Code and any rules, regulations or policy of the City of Newburyport.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

UNDER THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS, CHAPTER 233, SECTION 35, ACTS OF 1983, YOU ARE REQUIRED TO COMPLETE THE FOLLOWING:

*Pursuant to M.G.L.Ch. 62C, Sec 49A, I certify under the pains and 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.*

\_\_\_\_\_  
Social Security number or Federal Identification Number

\_\_\_\_\_  
Signature of Company or Corporate Officer

\_\_\_\_\_  
Signature of Company or Corporate Officer