CITY OF NEWBURYPORT
HEALTH DEPARTMENT

LAURA VLASUK
DIRECTOR OF PUBLIC HEALTH

NEWBURYPORT CITY HALL 60 PLEASANT STREET NEWBURYPORT, MA 01950
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APPLICATION FOR PERMIT FOR COLLECTION, TRANSPORTATION AND DISPOSAL OF SOLID WASTE & RECYCLING

FEES: $250 APPLICATION FEE (Includes first vehicle) $50 for each additional vehicle

I hereby make application to the Health Department for a permit to remove, transport, and dispose of solid waste, and/or recycling material in the City of Newburyport in accordance with Chapter 111, Section 31, of the Massachusetts General Laws as amended and subject to Chapter 5 Section 5.5.002 of the Newburyport Board of Health Rules & Regulations and Section 8-83(g) of the Newburyport City Ordinance

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 solid waste and/or recycling will be collected. (Enclose a list of contracted customers):

_____

_____

List locations where solid waste and/or recycling will be disposed. (Include a copy of the contract or approval for use of each disposal location.)

_____

_____

- **Continued on Next Page** -

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 solid waste or recycling 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.

_____ _____

Federal Identification Number *Signature of Company or Corporate Officer*

_____

Signature of Company or Corporate Officer

All applications must be completed in full and accompanied by the following:

- Appropriate fee payable to the City of Newburyport.
- A complete listing of your City of Newburyport clients including; the business name, property address, number of dumpsters, totes, haulers, etc. being serviced and days of pickup. We cannot process your application without a client list.
- Name and address of all disposal sites used
- A copy of each vehicle's registration
- A copy of your certificate of liability insurance

Return completed application and check to: City of Newburyport Health Department
60 Pleasant Street
Newburyport, Ma 01950