

Wellesley Health Department
90 Washington Street
Wellesley, MA 02481
Telephone: (781) 235-0135
Fax: (781) 235-4685

Fee: \$50.00 (per truck)	Expires: 3/31/
Permit #:	

APPLICATION FOR A RUBBISH HAULERS PERMIT

The following information must be provided: (Please type or print)

COMPANY NAME AND LOCATION

Full Name:		Telephone ()
Home Address of Owner: (If corporation use addresses of officers)	City	State and Zip Code
Establishment Name:		Telephone ()
Location Address:	City	State and Zip Code
Mailing Address: Street name and number	City	State and Zip Code

Truck Registration Numbers: (list all)

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Important: A check payable to “Town of Wellesley” in the amount of \$50.00 (per truck) must accompany this application.

I understand that I must comply with the Board of Health regulations for hauling rubbish in the Town of Wellesley and that the issuance of this permit in no way releases the applicant from the obligation to obtain any other permits or licenses required by any local, state, federal or other regulatory agency.

Pursuant to M.G.L. Ch. 62C sec. 49A, I certify under penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Social Security No. or Tax Identification Number:	
Date Signed	Signature of Individual

Please note: Late fees apply.