



CITY OF EASTHAMPTON

BOARD OF HEALTH

50 Payson Avenue
Easthampton, MA 01027
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Public Health
Prevent. Promote. Protect.

Bri Eichstaedt, REHS/RS
Health Director

PERMIT APPLICATION/RENEWAL

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

Instructions

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

In accordance with MGL Chapter 111, Sections 31 A and 31B and in accordance with *Chapter 14: Rules and Regulations for Removal, Transport, and Disposal of Solid Waste or Recyclables in the City of Easthampton*, the undersigned makes application to the Board of Health for permission to collect and transport Solid Waste and/or Recyclables as set forth below:

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

Permit Fee

The application fee is \$50 + \$200/truck per company seeking a permit to operate in the City of Easthampton

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

- Solid Waste and Recyclables
- Recyclables Only
- Solid Waste Only (Commercial Customers/Generators)
- Food Waste/Organic Waste

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

Estimated number of collection trucks to be used in Town/City of _____ during the permit year: # trucks .

(Use separate sheet to list additional trucks)

Truck Registration Number	State	Type and Capacity	Date of Last Inspection

Disposal/ Recycling Information

List facilities where Solid Waste, Food Waste/Organic 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
Recyclables Processing Facility/MRF	Address	Material(s) Delivered
Food Waste Handling Facilities (if applicable)	Address	Material(s) Delivered

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

Incomplete applications will not be considered.

- 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.
- I confirm that my company is in compliance with the Bundled Service requirement outlined in Section VII of these regulations.
- 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.
- 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