

FEE \$75.00

HAZARDOUS MATERIALS STORAGE APPLICATION

In accordance with Millis Board of Health Regulations, application for a Hazardous Materials Storage Permit is hereby made by

Establishment Name _____

Address _____

Contact Person: _____

Telephone No. _____ Fax No. _____

Emergency Contact Person: _____

Address _____

24 Hour Emergency Telephone # _____

Please provide the following updated information for our files:

- Diagram or map of location of stored hazardous materials.
- List of Names & Types of hazardous materials and average quantities stored.
- Provide the type, age, size and location of all above-ground or underground storage tanks on site.
- Town of Millis property owners must obtain a Certificate of Good Standing from the Treasurer's Office
- Written Emergency Contingency Plan in event of fire or accident.

We supply this information to the Millis Fire Department.

Pursuant to the MGL Ch. 62C, sec. 49A, I certify under penalties that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required by law.

Fed I.D. or SS # _____

Signature of applicant: _____ Date: _____

FOR OFFICE USE ONLY:

Permit No. _____

Check Rec'd _____

Date Issued _____