

**FEE: \$100.00**

**APPLICATION FOR TRASH HAULER PERMIT**

In accordance with Millis Board of Health Regulations, application for a TRASH HAULER Permit is hereby made by:

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Cell # \_\_\_\_\_

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

Telephone No. \_\_\_\_\_

Truck Registration No(s). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**The following information is to be submitted to the Board of Health:**

- List of Customers (attach sheet)
- Estimate of tons of solid waste collected daily \_\_\_\_\_
- Estimate of recyclables collected daily \_\_\_\_\_
- Town of Millis property owners must obtain a Certificate of Good Standing from the Treasurer's Office

**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.**

Federal I.D. # or Social Security # \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Permit No. \_\_\_\_\_

Check Rec'd \_\_\_\_\_

Date Issued \_\_\_\_\_