



TOWN OF PLYMPTON

Commonwealth of Massachusetts

BOARD OF HEALTH

APPLICATION FOR PERMIT

YEAR _____

FEE \$150.00

To Remove, Transport and Dispose of Garbage, Offal Or Other Offensive Substances

TO THE BOARD OF HEALTH:

The undersigned hereby applies for a permit to Remove, Transport and Dispose of Garbage, Offal and other Offensive Substances in the **TOWN of PLYMPTON** in accordance with Chapter 111, Section 31A of the General Laws as amended, and subject to the rules and regulations of the Board of Health.

Name (please print) _____

Address _____

Signature of Applicants: _____

Telephone: _____ Cell Phone _____ Fax _____

Name under which business is operated (please print):

List places where rubbish is disposed of:

WORKER'S COMPENSATION INSURANCE AFFIDAVIT REQUIRED and include a copy of your **LIABILITY INSURANCE** certificate. Please remember to ask your insurance company to **ADD YOUR OWN NAME** to the certificate.

Application Fee: \$150.00 Make checks payable to: ***Town of Plympton***

Return completed form and check to: Board of Health at address below.

Town House, 5 Palmer Road, Plympton, MA 02367
Tel: (781) 585-7000 Fax: (781) 585-6659
BOH@plymptontown.org