



# Town of Plympton

## BOARD OF HEALTH

### APPLICATION FOR PERMIT To Remove, Transport and Dispose of Garbage, Offal or Other Offensive Substances

YEAR \_\_\_\_\_

FEE \$150.00

**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.**

Make checks payable to: *Town of Plympton*

Please include a list of all Plympton Residents you collect rubbish from.

**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

<http://www.town.plympton.ma.us>