



TOWN OF  
CHESTER, MASSACHUSETTS

01011

BOARD OF HEALTH  
Nicholas Chiusano  
Elizabeth Massa  
Greg Harrison  
15 Middlefield Street  
Chester, MA 01011  
413-354-7781  
ChesterHealth@comcast.net

**APPLICATION FOR REFUSE HAULERS PERMIT**  
**REFUSE REMOVAL PERMIT FEE: 75 annually**

Business Name: \_\_\_\_\_

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

Mailing Address (if different): \_\_\_\_\_

Business Tel #: \_\_\_\_\_

Owner/Officer Signature: \_\_\_\_\_

VEHICLE MAKE/MODEL

VEHICLE CAPACITY

LICENSE PLATE #

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LIST ADDITIONAL VEHICLES ON BACK OF THIS FORM

\_\_\_\_\_

The above signed hereby agrees to comply with all the Laws, Rules, and Regulations of the Commonwealth (M.G.L. 111, Section 31A) and the relevant Board of Health governing the removal, transport, and disposal of refuse and is aware that failure to comply with said laws, rules, and regulations could result in suspension or revocation of permits herewith applied for. Actions which may result in the suspension or revocation of refuse removal and transport disposal permits include: Failure to comply with Massachusetts DEP and/or local BOH regulations regarding refuse disposal and mandatory recycling.

Circle the town(s) you are requesting to be permitted to be permitted in this calendar year: Chester MA

License number(s) issued:

Date: