



TOWN OF
CHESTER, MASSACHUSETTS

01011

BOARD OF HEALTH
Nicholas Chiusano
Elizabeth Massa
Gregory Harrison
15 Middlefield Street
Chester, MA 01011
413-354-7781
boardofhealth@townofchester.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 by in this calendar year: **Chester MA**

License number(s) issued:

Date: