



CITY OF NEW BEDFORD HEALTH DEPARTMENT
1213 Purchase St. New Bedford, MA 02740
508-991-6199

GARBAGE/OFFAL HAULER PERMIT RENEWAL ADVISORY

Dear Permit Holder:

The Board of Health wishes to remind you that your Garbage/Offal Hauler's Permit **will expire on December 31st**. The permit renewal fee is \$200.00 per business with one truck. Each additional truck will be assessed \$25.00.

Please complete and submit the following:

- ❖ Garbage/Offal Hauler *Application. Each application *must be notarized.
- ❖ Commonwealth of Massachusetts, Workers' Compensation Insurance Affidavit: General Business
- ❖ Copy of Workers Compensation Insurance (if applicable)

All applications received after January 1st, will incur a late filing fee of 20%

All incomplete or incorrect applications will be returned.

Each application must include: List of sites serviced by your company (if applicable).

Payment for permit must be made in the form of a check, money order or postal note payable to the City of New Bedford, cash is not accepted.

All applications must be filed at or mailed to:

City of New Bedford Health Department
1213 Purchase Street – 1st fl
New Bedford, MA 02740

If you have any questions or require further assistance, please contact the Health Department @ (508) 991-6199. This will be your only reminder. Thank you for your cooperation.

Very truly yours,

New Bedford Board of Health

FOR BOARD OF HEALTH USE ONLY

DATE RECEIVED _____	DATE INSPECTED _____	APPROVED BY _____	PERMIT FEE: \$ _____	PERMIT ISSUED _____
			LATE FEE: \$ _____	DATE: _____
			TOTAL FEE = \$ _____	ID#: _____

CITY OF NEW BEDFORD HEALTH DEPARTMENT**1213 Purchase Street, New Bedford, MA 02740**

TEL (508) 991-6199 • FAX 508-991-6292 • TTY/TTD (508) 979-1739

ANNUAL APPLICATION FOR GARBAGE/OFFAL HAULER PERMIT**FEE: \$200.00 FOR ONE TRUCK/TANK - \$25.00 PER ADDITIONAL TRUCK/TANK******EACH APPLICATION MUST BE NOTARIZED (Pg 2) *****New business application must be submitted at least 30 days prior to proposed opening date.**Renewal applications received after December 1st, will be charged a 20% late filing fee.*PLEASE PRINT CLEARLY*Payment is due with application*Check type of application: ☐ New (Initial) ☐ Renewal ☐ Amended

1) Business Trade Name: _____

2) Business Address: _____

3) Business Mailing Address (if different): _____

4) Business Telephone No.: () _____

Fax No.: () _____

5) Number of Trucks/Tanks: _____

6) Applicant Name: _____

Applicant's Title: _____

7) Applicant Address: _____

Applicant's TELEPHONE No.: () _____ E-mail Address: _____

8) Business Owner's Name: _____

IF, Individual Owner:

(First) _____ (Last) _____ (MI) _____

(Address) (if different from applicant): _____

IF, Association, Corporation, Partnership, Legal Entity Name: _____9) OPERATION is
OWNED by:

(Check one)

- ☐ Association
- ☐ Corporation
- ☐ Individual
- ☐ Partnership
- ☐ Other Legal Entity

11) Business is:

(Check one)

- ☐ Part of Chain
- ☐ Independent

10) If owned by a corporation or a partnership, give name, title and home address of officers or partner(s) as registered with the Secretary of State:

(Please provide an attachment if necessary)

Officer/Partner's NameTitleHome Address

✓ If owned by an individual:

✓ If owned by an association, corporation, partnership, or other legal entity:

Pursuant to M.G.L. Ch. 62C, sec. 49A, I certify under the penalties of perjury that the owner (s) of this Garbage/Offal Hauling business, to the best of my knowledge and belief, have filed all applicable tax returns and paid all taxes required under law. I, the undersigned, attest to the accuracy of the information provided in this application, and affirm that this Garbage/Offal Hauling operation will comply with all other applicable law. Upon request, I will be instructed by the Department of Health on how to obtain copies of M.G.L. (Title XVI), Chapter 111, Section 31A.

Print Name: _____ **Title:** _____

Signature: _____ **Date:** _____

THE COMMONWEALTH OF MASSACHUSETTS

.....SS.20

Then personally appeared....the above named.....,
of.....and made oath that the
foregoing statements by him subscribed are true , before me,

Notary Public – Justice of the Peace

My commission expires....., 20_____