



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

\*\*\*\*\*  
**ANNUAL SEPTAGE HAULER PERMIT RENEWAL ADVISORY**  
\*\*\*\*\*

Dear Permit Holder:

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

Please complete and submit the following:

- ❖ \*Septage 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 for renewal received after December 1<sup>st</sup> 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).**

**In accordance with 310 CMR 15.505 that requires all equipment to remove or transport septage be inspected and approved by the local authority.**

**We will notify you in writing of available appointment dates in the near future.**

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 – 1<sup>st</sup> 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 SEPTAGE 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: \_\_\_\_\_ TELEPHONE No.: ( ) \_\_\_\_\_

Applicant's 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

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 Name      Title      Home Address

11) Business is:

(Check one)

- Part of Chain  
 Independent

**12) Municipal Real Estate Property Information (if applicable):**

Plot #: \_\_\_\_\_ Lot #: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

**13) Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.):**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone No: ( ) \_\_\_\_\_

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

Fax Number: ( ) **24 Hour Emergency Number:** ( )

**14) Days and Hours of Operation:**

**15) LIST OF SITES SERVICED IN NEW BEDFORD (if applicable):** *(Please provide an attachment if necessary)*

_____	_____
_____	_____
_____	_____
_____	_____

**16) Business Owner's Tax Identification Number as reported to Massachusetts Department of Revenue:**

*If owned by an individual:*

Date of Birth (D.O.B.) \_\_\_\_\_  Social Security Number: \_\_\_\_\_

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

Federal Employer Identification Number: \_\_\_\_\_

Pursuant to M.G.L. Ch. 62C, sec. 49A, I certify under the penalties of perjury that the owner (s) of this Septage 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 Septage 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 310 CMR 15.500-15.505.

**17) Owner's / Authorized Officer's Signature – Print name, title, sign and date below:**

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Reminder:** Consistent with M.G.L. Ch.270, Section 22 and per order of the New Bedford Board of Health, Septage Hauling operations must prohibit smoking on the premises at all times and post smoke-free notices at all points of entry, restrooms, and conspicuously upon the premises and in company vehicles. It shall be the responsibility of the license/permit holder or Business Agent to prohibit smoking on the premises.

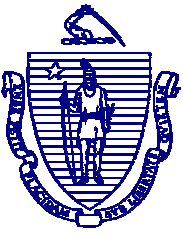
**THE COMMONWEALTH OF MASSACHUSETTS**

.....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\_\_



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street  
 Boston, MA 02111  
 www.mass.gov/dia

**Workers' Compensation Insurance Affidavit: General Businesses**

**Applicant Information**

**Please Print Legibly**

Business/Organization Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Are you an employer? Check the appropriate box:**

- 1.  I am a employer with \_\_\_\_\_ employees (full and/or part-time).\*
- 2.  I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3.  We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]\*\*
- 4.  We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

**Business Type (required):**

- 5.  Retail
- 6.  Restaurant/Bar/Eating Establishment
- 7.  Office and/or Sales (incl. real estate, auto, etc.)
- 8.  Non-profit
- 9.  Entertainment
- 10.  Manufacturing
- 11.  Health Care
- 12.  Other \_\_\_\_\_

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

\*\*If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

**I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.**

Insurance Company Name: \_\_\_\_\_

Insurer's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Policy # or Self-ins. Lic. # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

**I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

*Official use only. Do not write in this area, to be completed by city or town official.*

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

**Issuing Authority (circle one):**

- 1. Board of Health
- 2. Building Department
- 3. City/Town Clerk
- 4. Licensing Board
- 5. Selectmen's Office
- 6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

# Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "**every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.**" Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

---

---

## Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

---

---

## City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

---

---

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
**Office of Investigations**  
600 Washington Street  
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

[www.mass.gov/dia](http://www.mass.gov/dia)