

SEPTAGE HAULER

OFFICE OF THE
BOARD OF HEALTH
13 EAST CENTRAL STREET
NATICK, MASSACHUSETTS 01760
PHONE (508) 647-6460 * FAX (508) 647-6466

NO: _____

FEE: \$325.00

To The Licensing Authorities:

The undersigned hereby applies for a License in accordance with the provision of the Statutes relating thereto

(Full name of person, firm or corporation making application)

PURPOSE FOR WHICH LICENSE IS REQUESTED

**TO REMOVE, TRANSPORT AND DISPOSE OF GARBAGE, OFFAL, OR
OTHER OFFENSIVE SUBSTANCES**

I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Signature of Individual or Corporate Name
(Mandatory)

Corporate Officer
(Mandatory if applicable)

S.S. # (Voluntary) or Federal ID#

**THIS LICENSE WILL NOT BE ISSUED UNLESS THIS CERTIFICATION CLAUSE IS
SIGNED BY THE APPLICANT.**

Your S. S.# will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to License suspension or revocation. This request is made under the authority of Mass. G.L. c. 62Cs. 49A.

Signature of applicant (mandatory)

Telephone

Address