



**TOWN OF WESTPORT**  
WESTPORT, MASSACHUSETTS 02790

Tel: (508) 636-1015  
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Health@Westport-MA.gov

OFFICE OF BOARD OF HEALTH  
856 MAIN ROAD

## **Application for Garbage Hauler Permit**

In accordance with M.G.L. c. 111, § 31A, the undersigned makes application to the Board of Health for permission to remove and transport garbage/waste within the Town:

Name of Applicant: \_\_\_\_\_

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

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

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

Tel & Fax No.: \_\_\_\_\_

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

List all locations where garbage/waste will be disposed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of the collection vehicles (make, model, year, type, size and registration and company name appearing on the vehicles). *If more space needed, please use a separate page.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total No. of Residential Customers: \_\_\_\_\_

Total No. of Municipal Customers: \_\_\_\_\_

Total No. of Commercial Customers: \_\_\_\_\_

Collection Days: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**REQUIREMENTS for Hauler's Providing Curbside Pickup Service:**

- Recycling is mandated by the state of Massachusetts and the Town of Westport.
- A tonnage report is required for the garbage collected within Westport and must be sent to the Board of Health Office every 6 months (curbside only).
- A tonnage report is required for the recyclables collected within Westport and must be sent to the Board of Health Office every 6 months (curbside only).

**CHECK LIST for Application Requirements:**

- ☐ Proof of property/liability insurance.
- ☐ Proof of worker's compensation insurance and affidavit.
- ☐ Copy of education material/notification provided to customers for recyclables (curbside only).
- ☐ Six month report of solid waste and recyclable tonnage as required per Section 5.4 of Westport's Solid Waste & Recycling Hauler's Regulation (curbside only).
- ☐ List of current customers (Include property owner name, location of container, number of containers on site, size of container, number on the container)
- ☐ I have received Westport's "Solid Waste & Recycling Hauler's Reg."

Pursuant to M.G.L. Ch. 62C Sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

\_\_\_\_\_  
Federal Identification Number

I certify that the information I have provided above is true and accurate. I recognize that it is a violation of this permit to dispose of garbage anywhere other than a properly permitted garbage and/or recyclable receiving facility.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date