

**BOARD OF HEALTH
TOWN OF LANESBOROUGH**

Newton Memorial Town Hall

PO Box 1492

Lanesborough, MA 01237

Tel (413) 442-1167

Fax (413) 443-5811

FEE - \$125.00

2018 Application For A Solid Waste And Recycling Hauler's License

Company Name: _____

Owner / Contact Name: _____

Mailing Address: _____

Facility Address: _____

Business Telephone: _____ Home Telephone: _____

Fax Number: _____ Federal ID/SS#: _____

Years Company has been in business: _____

If partnership or corporation list names, addresses, percentage of ownership, and class of stock held:

Vehicles: Type

Capacity

Plate #

The undersigned hereby agrees to comply with all the Laws, Rules, and Regulations of the Commonwealth of Massachusetts (MGL Ch. 111, Section 31A) and the TOWN OF LANESBOROUGH Board of Health governing the removal, transport, and disposal of refuse and recyclable materials and is aware that failure to comply with said rules, laws and regulations could result in suspension or revocation of permits herewith applied for. Any substantial changes must be immediately reported to the Board of Health and these changes may be the basis for revocation of the permit if so deemed by the Board of Health.

Signature of Owner or Corporate Officer

Date

Application approved by

Date

ATTACHMENT A HAULER ANNUAL REPORTING FORM

HAULER: _____

MONTHS: _____

TOWN SERVED: _____

CATEGORY	CUSTOMER COUNT	MSW TONS	PAPER RECYCLE	CONTAINER RECYCLE	OTHER RECYCLE	TOTAL TONS
SINGLE FAMILY						
MULTI - FAMILY						
APARTMENT						

Note: Tonnage can be reported as per-unit average

NAME

LOCATION

Disposal Site(s) For Solid Waste: _____

Market or Processing Site(s) for Recyclables:
