



Town of Webster, Massachusetts
APPLICATION FOR TRANSPORTATION
OFFAL (SOLID WASTE)

BUSINESS NAME _____

STREET ADDRESS _____

TOWN _____ STATE _____ ZIP CODE _____

BUSINESS NUMBER _____

NAME OF APPLICANT _____ PHONE: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION ALONG WITH THE COMPLETED APPLICATION FOR OFFAL/SOLID WASTE PERMIT:

NUMBER OF VEHICLES PERMITTED WITHIN THE LIMITS OF WEBSTER, MA: _____

TRUCK NUMBER _____ DOT Inspection # _____

TRUCK NUMBER _____ DOT Inspection # _____

TRUCK NUMBER _____ DOT Inspection # _____

TRUCK NUMBER _____ DOT Inspection # _____

___ COPY OF STATE REGISTRATION FOR EACH VEHICLE

___ COPY OF VEHICLE INSURANCE POLICY

___ COPY OF LIABILITY INSURANCE

___ LISTING OF DRIVING ROUTES

___ WORKER'S COMPENSATION AFFIDAVIT (ENCLOSED)

___ FEE OF \$200.00 PER VEHICLE

ONCE THIS APPLICATION HAS BEEN RECEIVED, REVIEWED AND APPROVED BY THE WEBSTER HEALTH DEPARTMENT, A STICKER FOR EACH VEHICLE

THIS PERMIT IS VALID FROM JANUARY 1 THROUGH DECEMBER 31 EACH YEAR. YOU ARE RESPONSIBLE FOR REAPPLYING FOR ANNUAL PERMITS PRIOR TO EXPIRATION EACH YEAR.

VIOLATION OF ANY OF THE TERMS OF THIS PERMIT AND ANY APPLICABLE LAWS OR REGULATIONS MAY RESULT IN LEGAL ACTION AS WELL AS A BAN FROM USING THE WASTERWATER TREATMENT PLANT.

SIGNATURE

DATE

OFFICE PURPOSES ONLY

APPLICATION RECEIVED _____

FEE RECEIVED _____

STICKERS ISSUED _____